

MANAGEMENT CASE**Excellence in Social Marketing
The WHO ORS Campaign for Diarrhea Management****Ashish Sadh and Milan Agnihotri**

Abstract

Diarrhea is the second highest cause of deaths in children below five years of age in India and most of these deaths could be prevented by using Oral Rehydration Salts (ORS). The awareness about ORS was low amongst caregivers as well as Health Care Providers (HCPs). HCPs, though aware of the ORS therapy didn't recommend it since they perceive anti-diarrheals and antibiotics as faster acting alternatives to ORS. Even the caregivers believed that only medicines were sufficient to help their children recover from diarrhea. The World Health Organisation ORS (WHO ORS) campaign was initiated by ICICI Bank, a leading private sector bank of India in the year 2000 under the United State Agency for International Development (USAID) funded Program for Advancement of Commercial Technology - Child and Reproductive Health (PACT-CRH) project. ICICI Bank contracted McCann Healthcare and Corporate Voice Weber Shandwick (CVS), leading public relations company, to implement the campaign. The present case study provides the details about how a successful campaign was planned and executed over four years. The case describes the planning and execution of different phases of the campaign and how each of the phases were integrated. The case also highlights the challenges in marketing a 'Social Product', the role of buying behaviour analysis in designing a social marketing communication strategy.

Introduction

The WHO ORS campaign was initiated by ICICI Bank in the year 2000 under its USAID PACT-CRH project, as part of its commitment to use the power of the private sector to improve child and reproductive health. Under the PACT-CRH program ICICI Bank worked with Indian industry to develop and promote sustainable CRH products and services to meet India's health goals. Technical assistance for the WHO ORS campaign was provided by the USAID funded Commercial Market Strategies project (CMS) till September 2004 and subsequently by Private Sector Partnership - One (PSP-One). ICICI Bank contracted McCann Healthcare and Corporate Voice Weber Shandwick (CVS) to implement the campaign. Some of the largest Indian ORS manufacturers agreed to partner with and support the campaign, and agreed to promote their brands more widely to doctors and pharmacists. The campaign was endorsed and actively supported by the Indian Academy of Pediatrics (IAP).

The need for partnership

A joint effort involving agencies, institutions and industry was required to tackle the situation. The combined resources of all partners in a synergistic initiative would lead to correct practices amongst providers and caregivers.

ICICI Bank under its PACT-CRH programme set the ball rolling for the WHO ORS campaign with funding from the USAID and support from the IAP. The USAID funded commercial market strategies initially provided technical assistance in the form of marketing management, research and field teams and this was subsequently provided by the follow-on project, PSP-One.

Six leading pharmaceutical ORS manufacturers: CFL, FDC, Merck, Shreya Life Sciences, TTK Healthcare and Wallace Pharmaceuticals - initially joined hands in the campaign to promote the usage of WHO ORS among pediatricians, general practitioners, Indigenous Systems of Medicine Practitioners (ISMPs) and pharmacists. Dr Reddy's and Pharmasynth Formulations Ltd. subsequently joined the campaign in 2004 and 2005 respectively when they launched their own brand of reduced osmolarity ORS.

Each of the partners signed a Memorandum of Understanding (MoU) which was a tripartite agreement between the ORS manufacturing company, ICICI Bank and PSP-One. The MoU was an annual document with the specific objective to increase the correct use of commercially available, high quality low osmolarity ORS as the first line of treatment for children with diarrhea in the program areas.

The MoU outlines the roles and responsibilities of all the three parties and aims to stimulate the growth of the ORS market, to expand distribution and to get access of ORS. ICICI Bank was to allocate funds to support the communication campaign initiatives to enhance acceptance of ORS as the first line of treatment of diarrhea. The bank was also required to provide a program logo to partner manufacturers for using the same on their packs and other promotional materials. They were also needed to provide campaign materials developed by PSP-One to partner manufacturers free of cost.

PSP-One was required to provide assistance and technical oversight to the advertising and PR agency was needed to develop and implement the consumer interpersonal and mass media communication program designed to effect behavior change in terms of stimulating trial of ORS and correct and consistent usage of ORS. PSP-One field team was needed to detail 25,000 chemists and 20,000 doctors (non-MBBS) in order to promote the use of ORS composition for childhood diarrhea.

Manufacturers, on their part through this MoU agreed to participate in the program activities. They took up the responsibility for the product quality and to make the product and the sales and promotional materials easily available through distribution channels throughout the program areas. Manufacturers were also bound to participate in programs designed and implemented in collaboration with professional associations like Indian Medical Association, etc. which were aimed at improving management of childhood diarrhea. Partner manufacturers were needed to detail to at least 8,000 doctors (General Practitioners and Pediatricians - MBBS only) in the target states, with a minimum of 500 doctors per state.

Target adapters and their behavior:

The Caregivers - The primary target audience were mothers and fathers, especially with children below the age of five. It was important that they were educated about the dangers of dehydration due to diarrhea and the required skills for managing the same by using WHO ORS as an effective treatment.

The Gatekeepers - Most caregivers take their children to general practitioners, pediatricians or ISMPs for treatment of diarrhea and rely on their expertise to determine the treatment. Therefore, it was crucial that the medical professionals prescribe and recommend WHO

ORS to caregivers. Studies showed that it was the non-MBBS general practitioners or less than fully qualified practitioners who dealt with the most cases of diarrhea and also that most doctors do not prescribe ORS but rely on anti-diarrheals and antibiotics. Hence convincing the medical fraternity was integral the part of this campaign.

The Providers - The pharmacists (chemists) were an important link in the chain since they needed to be encouraged to stock WHO ORS brands. They could play the role of advisors by recommending WHO ORS and educating caregivers about the correct preparation and its use. A pilot study conducted in Patna in the year 2000 showed that detailing or training them could significantly improve knowledge levels of the pharmacists.

The campaign focused on the urban areas of eight Hindi speaking states of northern India, which comprise 42 percent of India's population, and have higher infant and child mortality rates than the rest of India. Almost 63 percent of the caregivers seek treatment for diarrhea from

private healthcare practitioners and that too largely from less than fully qualified practitioners or traditional healthcare providers. Hence the campaign laid special emphasis on training and detailing these healthcare providers and also detailing pharmacists and encouraging them to stock the appropriate brands.

Awareness of ORS

According to the National Family Health Survey 1998-99 (Table 1), the awareness of ORS stood at 62 percent nationally, but use was only 27 percent. Most caregivers preferred to give their children home-based solutions that were often insufficient and incorrectly made. Often doctors do not prescribe WHO ORS for childhood diarrhea - preferring other medicines. This put the children at risk of death due to dehydration. The use of ORS was even lower in North India, at 20 percent and these states had higher childhood mortality rates. Therefore, there was a need to change the current practices and to convert the awareness of ORS into increase in usage of ORS, especially WHO ORS.

Table - I

	North India (Project Area)	All India
Diarrhea among children <3	22%	19%
Awareness of ORS among caregivers	52%	62%
Use of ORS	20%	27%
Use of Homemade solution	2%	3%
Pill or syrup or injection used	52%	53%
No treatment	33%	27%

Source: NFHS 1998-99

The Market

The ORS market in urban North India was about 19 million liters in 2001. Almost 79% of this was accounted for by sales of ORS-A or the non WHO recommended formula (Fig. 1). The leading brand was Electral with a market share of 77%.

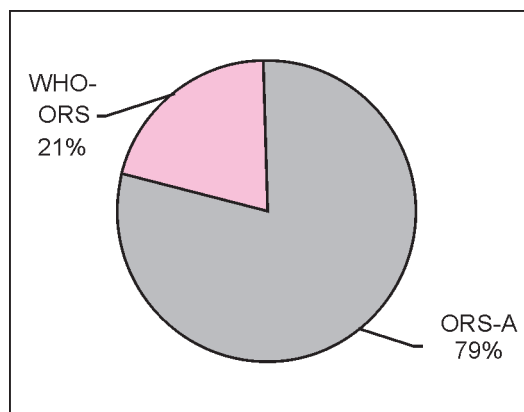


Figure-1

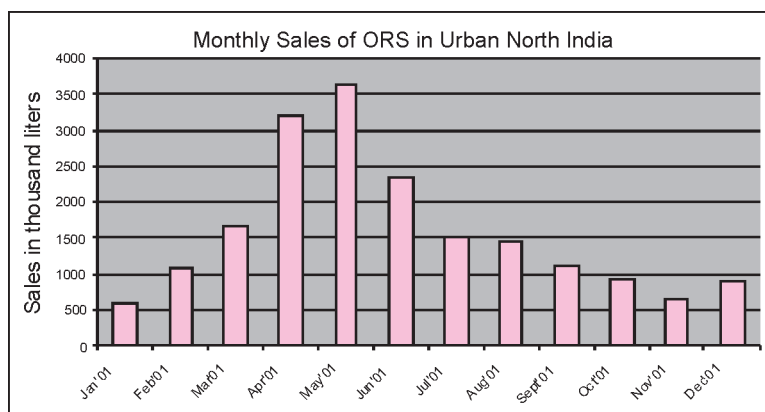


Figure-2

(Source: ORG Pharma Sales Audit)

The ORS market was also highly seasonal with almost half of the total ORS sales being accounted for in April to June (Fig-2). During the period from April to June extreme heat conditions prevail in these states of India, making children more prone to health problems like diarrhea.

The Product:

As in most of the social marketing campaigns there was an idea (practice) as well as a tangible product that was to be adopted by the individuals involved in the buying behaviour process.

The idea and the practice:

Most of the caregivers believe that in case of diarrhea and vomiting the healthcare providers were to be contacted. However, they had more or less an indifferent attitude towards ORS. The main concern of the caregivers and the healthcare providers in most of the cases was

to stop the loose motions. There was a need to create awareness not only amongst the caretakers but also amongst the healthcare providers about the fact that most diarrhea-related deaths in children are due to dehydration. Additionally they were to be educated

about the fact that these deaths can be prevented either by using Oral Rehydration Therapy (ORT) or by using ORS. It was also important for doctors to start prescribing the ORS in addition/preference to medicines in cases of childhood diarrhea. The caregivers are expected to adopt ORS instead of homemade solutions as the first line of treatment, as soon as diarrhea strikes in case of children.

The composition of ORS, recommended by the WHO, is an electrolyte solution of glucose and essential salts, i.e. sodium, citrate and potassium, usually sold in sachets of powdered form. (Source: www.rehydrate.org). A standard formulation for WHO ORS has been promoted worldwide since the 1970. After years of research a new formula of ORS was developed which had lower osmolarity that made it even more effective in treatment of diarrhea and vomiting.

The Program (Campaign):

The aim of the WHO ORS campaign was to promote increased usage of ORS, during the period 2001 and 2004. It especially focused on promoting WHO recommended ORS formulations, as a scientific and effective treatment for dehydration caused by diarrhea in children aged five years or younger as the first line of treatment in childhood diarrhea. The campaign was aimed at building the awareness about ORS and further inducing the change in the behaviours of the caregivers, the doctors, health service providers and the pharmacists. The campaign also promoted correct mixing, administration and feeding during diarrhea. Subsequently, since 2005, the campaign focused on quick introduction and adoption of the low osmolarity ORS formula and promotion of other home diarrhea management practices. Exhibits 01 to 10 contain some of the communication tools adapted during the campaign. Table - 3 summarises the evolution of communication campaign of WHO ORS.

Phase I

Program Objectives

The following objectives were defined in terms of program outcomes and formed part of the contract between McCann and ICICI Bank.

- Increase use of ORS during last episode of diarrhea from the existing base figure of 26% to at least 60% by 2007
- Achieve total market growth of 5% per year for ORS

The Research Insight

Formative research was conducted to understand the current knowledge, attitude and practices in the target groups towards diarrhea management. The main barriers identified were

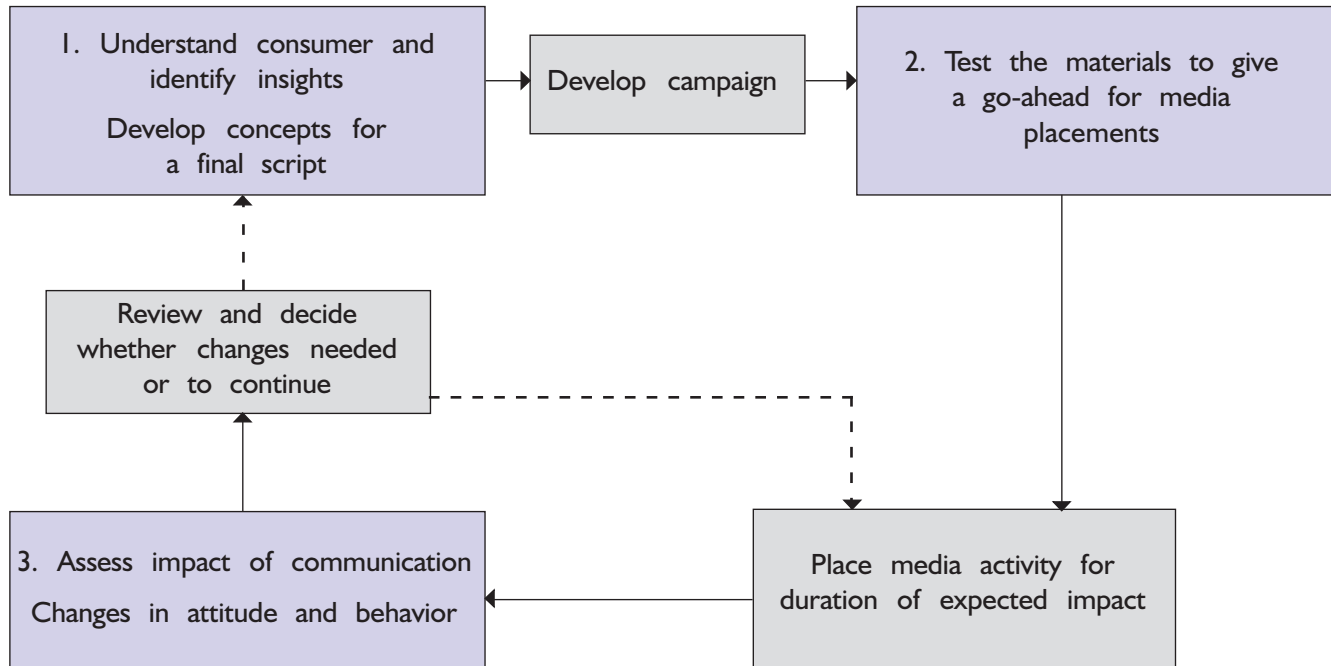
- Delayed action on the part of the caregiver due to:
 - Lack of awareness of the dangers of diarrhea
 - Not perceiving the real threat of dehydration
- ORS is not considered a serious line of treatment especially compared to medicines

Communication Development Research:

Research played a central role in the development of all communication messages and also in tracking the outcome of program for each year. The tracking in turn was the foundation for strategy development for the following year.

Communication objectives: The campaign devoted itself to creating awareness for WHO ORS as the first and the most effective treatment for saving children's lives from dehydration due to diarrhea. The primary aim was to encourage the immediate use of ORS as soon as the first signs and symptoms of diarrhea become visible.

Table - 2 : The Campaign Research Cycle



Communication Campaign:

The key elements of the campaign were as follows:

- Creation of a logo to promote ORS as a category: a drop unit was created to capture the essence of 'amrit' or a drop of nectar that would fight dehydration.
- Incorporation of logo by the ORS partner manufacturers on their product packs and promotional materials.
- A mix of diverse media were used to reach out to the target audience through all possible touch points, like TV ads, radio spots, print ads, poster campaigns, direct contact program and PR.

The Champaign Logo



Communication mix and media:

Mass Media

A TV ad was produced with the aim to motivate caregivers to use WHO ORS in every case of diarrhea. The key messages were that WHO ORS is much more effective than the conventional home-based remedies, and that it is recommended by doctors.

Direct Contact Program

The direct contact program was a key component of the campaign that helped to reach out to caregivers directly. Demonstrations were organized for caregivers of children under five years of age in select cities of Uttar Pradesh, and New Delhi. They were encouraged to use WHO ORS in every episode of diarrhea and were also educated about the importance of correct preparation and keeping of WHO ORS at home.

Mailers were sent to doctors in partnership with IAP, encouraging them to work together to help prevent the millions of deaths due to diarrhea that take place every year due to dehydration; The mailers asked them to prescribe WHO ORS in every episode of diarrhea, especially for children.

In addition to this, an innovative program for pharmacists, '**Mystery Consumer Contest**' was designed, with an objective of increasing availability, visibility and recommendation of WHO ORS. It involved CMS teams informing the pharmacists about the contest and encouraging them to participate. Then, field workers posing as customers contacted these pharmacists and checked on the three parameters. The pharmacists who scored correctly on all three parameters (availability, visibility and recommendation) won prizes.

Public Relations

There was continuous Public Relation (PR) support since the start of the campaign in 2002. The PR campaign in the initial years focused on motivating Gram Panchayats (GP) & Pediatricians through the IAP to prescribe/ recommend ORS to the target market along with home remedies such as the 'salt-sugar' solution as first line of treatment.

A series of health articles were placed on pre season and diarrhea season on topics such as

'10 tips for diarrhea management'; and 'How to prevent diarrhea', etc. All articles were endorsed by leading doctors across the country.

The Results

As a result of the first year of the campaign, the annual market volume for ORS and WHO ORS in North India in 2002 grew by 17 per cent (3.3 million liters) and 46 percent (1.9 million liters) respectively over 2001. The internal sales figures of the partner manufacturers also corroborated these trends.

Over 11,500 pharmacists were covered under the mystery consumer contest out of which a total of 4,800 gave correct answers. Further according to an independent survey held during end of the year 2002, it was found that WHO ORS was available in about 55 percent of pharmacist in the target area, in comparison to only 23 per cent in 2001.

While the campaign succeeded in increasing the use of WHO ORS in North India, tracking studies at the end of the first year campaign showed that knowledge about correct preparation of WHO ORS was still relatively low.

Phase II

The situation

The awareness and usage levels did show a rise in post phase I of the program, but the new problem that surfaced was that the consumers were not mixing the right quantity of ORS with water, leading to under or over dilution. Hence the efficacy of the solution reduced. As a result the consumers finding no benefit with ORS kept on drifting back to other incorrect means of diarrhea management. This problem had to be tackled urgently to sustain the interest of the consumer in ORS.

The objective

The objective of phase-II campaign was to emphasize the correct preparation of WHO ORS.

The 2003 campaign, while retaining the objective of promoting increased usage of WHO ORS in every case of diarrhea, also placed emphasis on making target groups aware of the importance of correct preparation of WHO ORS. The need to be prepared and to stock WHO ORS at home was also highlighted.

The Communication Campaign

The McCann Healthcare India team again swung into action and created a fresh multimedia campaign to increase awareness about correct preparation of WHO ORS among caregivers and its use.

Mass Media

A new television commercial was produced that highlighted the need for WHO ORS, showing the step-by-step procedure. The message was simple; preparing WHO ORS correctly was as important as giving WHO ORS in every episode of diarrhea.

Print advertisements were used in conjunction with television advertisements. Advertisements were released in key Hindi women's magazines along with articles on the prevention and treatment of diarrhea.

Direct Contact Program

The highlight of the direct contact program in 2003 was a team of trained promoters calling door-to-door on 77,000 caregivers with children less than five years of age in their home.

A program called 'Gift a life' was conducted for ISMPs with an objective to increase the numbers of prescriptions for WHO ORS.

National ORS Day

The National ORS Day - July 29 was identified as a day dedicated to the cause. To promote awareness, especially among more vulnerable groups that were prone to the disease during the monsoons, numerous events were organized by various partners and CMS field teams.

To commemorate the first National ORS Day media meetings and media conferences were organized.

Free of cost announcement of 'National ORS Day' was facilitated in Radio City in Lucknow.

A two-minute capsule was incorporated into one of India's most popular TV series among women "Kyonki Saas Bhi Kabhi Bahu Thi" on Star Plus.

Delhi Transport Corporation and UTI Bank permitted the display of the campaign material in their buses and ATM counters respectively, free of charge.

Another partnership was forged with Lifebuoy/Hindustan Lever Limited. Special posters were designed for publishing the use of ORS. These posters talked about use of ORS in treatment of diarrhea and about prevention of diarrhea through hand washing with one of their leading brand of soaps. For ORS day events over 102 stories were placed in the media across key program states providing more visibility and credibility to the program.

The Results

After the second year of the campaign, the market volume for ORS and WHO ORS in North India continued to grow. Sales of ORS increased by 10 per cent (2.2 million liters) and of WHO ORS by 19 per cent (1.1 million liters) compared with 2002.

Phase III

The situation

More and more caregivers were now opting for WHO ORS in the treatment of diarrhea. But what needed to be reinforced was the fact that WHO ORS is the first line of treatment and not an adjunct to some other treatment. The key barrier to using ORS as the first line of treatment appeared to be the fact that most household did not keep ORS at home and therefore in the time that it would have taken to procure ORS most caregivers felt that they could manage with a combination of medicines and home remedies which were usually already available at home. Therefore, the need was to reinforce the stocking of WHO ORS at home and to start giving it immediately when diarrhea strikes.

The objective

The objective of phase-III was to promote WHO ORS as the first line of treatment in childhood diarrhea.

The main thrust now was to convert the mindset of the target audience from reactive to a proactive one of being prepared for the next incidence of diarrhea.

The Communication Campaign

McCann Healthcare India retained the role of communication partners and produced a new campaign in line with the aforementioned objectives. The PR campaign too was designed to this effect.

Mass Media

Based on rigorous formative research among caregivers two new advertisements were produced. The first ad impressed upon caregivers that diarrhea can strike anytime and it is important to keep WHO ORS at home and give it as the first line of treatment. The second was

to demonstrate the dangers of dehydration due to diarrhea to a child, and that WHO ORS is the way to save the child's life.

Public Relations

The main objective for Public Relations activities was to build, sustain, and increase the media support and commitment to the campaign in terms coverage of events. Additional PR thrust was on bringing partners on board to help multiply the effect - media companies; celebrities; corporates with high public interface and doctors.

An innovative tie-up was done with PVR, an entertainment group. The tie up included the run of WHO ORS slides on select screens at the beginning and at the intermission of various movies. In addition, 7 multiplexes displayed posters of WHO ORS making the touch points reach 6, 27,200 viewers in a week's time

National ORS Day

A series of media innovations were executed on National ORS day 2004:

Channel-fillers with celebrities endorsing WHO ORS as the first line of treatment were created in partnership with Sahara TV. The WHO ORS campaign logo appeared with the channel logo on the Sahara news channel and remained on-screen throughout the day.

Seeing the success and encouraging response of in-serial placements last year, In-serial promotions were worked out with the three leading Indian satellite channels.

CMS teams organized a range of activities in 34 key cities including rallies, school events and interview in print and electronic media. More than 100 publications and several leading TV stations in particular, covered these activities. As a result some 259 clips were generated on television network.

Direct Contact Program

A team of trained promoters went door-to-door and visited 200,000 caregivers with children under the age of five in selected cities of Uttar Pradesh and Madhya Pradesh. The contact involved an explanation of the dangers of dehydration and diarrhea, a demonstration of correct method of preparation, and the provision of free ORS samples and leaflets on diarrhea management. More than 100 CMS staff continued to call upon 28,000 ISMPs and 28,000 pharmacists to encourage increased support for correct use of WHO ORS.

The results

The total market in urban North India grew by 8 percent and the WHO ORS market grew further by 16 percent (up to June 2004 over June 2003). However, stocking during this period did not increase substantially. Probably the campaign could not really convince substantial number of caregivers to stock ORS at home.

Phase IV

The situation

This time WHO and UNICEF brought out a new improved version of the existing formula of WHO ORS. This new low osmolarity ORS was more effective in treating diarrhea and vomiting. The ORS with Low Osmolarity had reduced sodium concentration to 75 mEq/l, glucose concentration to 75 mmol/l, and its total osmolarity to 245 mOsm/l. compared to the original solution which contained 90 mEq/l of sodium with a total osmolarity of 311 mOsm/l. There had been a concern that the original solution, which is slightly "hyperosmolar" when compared with plasma, may risk hypernatraemia (high plasma sodium concentration) or an increase in stool output, especially in infants and young children. The old formula had to be completely replaced from the market

in a phased manner. Hence there was this pertinent need to educate all target groups about the new ORS formula and its efficacy.

In June 2004 Government of India adopted the new formula of ORS (with low osmolarity) and accordingly all manufacturers were required to shift to the new formula.

The Objective

The key focus areas for the campaign in 2005 were: To promote the use of low osmolarity WHO ORS, which is more effective in controlling diarrhea and vomiting. Within the larger campaign target audience of SEC A-D the campaign focused on the more vulnerable SEC C and D segments. The target was to achieve total market growth for low osmolarity ORS of 15% over two years and to increase the use of ORS during last episode of diarrhea from the existing 2003 base figure of 48% to at least 60% in two years.

In addition to messages on benefits and efficacy of low osmolarity formulation, key messages for home management of diarrhea like continued feeding, breast feeding and hand washing were also incorporated in interpersonal communication tools like visual detailer for providers, caregivers and through direct contact program leaflets and provider merchandize. Also care was taken to ensure that while promoting low osmolarity ORS, the communication messages were developed in a manner so as not to discourage caregivers from using home remedies.

The following sub-objectives addressed the key target groups:

- Create awareness and educate caregivers of children under the age of five to use the new low osmolarity WHO ORS as the first line of treatment against diarrhea.

- Get general practitioners, pediatricians and ISMPs to prescribe the low osmolarity ORS in every episode of diarrhea.
- Motivate pharmacists to stock and recommend the new low osmolarity WHO ORS.

The Communication Campaign

McCann Healthcare India took up the task of creating this awareness about the new low osmolarity ORS formulation. The highlight of this year was the launch of 'Saathi Bachpan Ke' initiative. This initiative was specially focused on SEC C and D clusters in urban areas. The campaign also got a brand ambassador in the form of Ms. Smriti 'Tulsi' Irani, noted television personality who was appointed the ORS Child Care Angel. Her presence evoked an overwhelming response from masses, the media and various stakeholders.

Another ad on to the campaign was the new Teacherji advertisement to drive home the message of better and more effective low osmolarity ORS formulation. In addition to regular media, cinema and local cable TV were used for wider reach. Merchandise for retail visibility were also developed to upfront the ORS manufacturing partner brands at the retail level.

Mass Media

The Teacherji ad showcased how the new formulation of WHO ORS brings relief from diarrhea quickly.

Public Relations

The objective for the campaign 2005 was to launch the new ORS formulation. A host of activities were conducted to disseminate the importance and benefits of the new formulation.

To reach out to the medical fraternity a doctor program was initiated whereby seminars were organized. As a result 39 clips were generated through seminars as PR stories.

National ORS Day

To observe the National ORS day noted celebrity 'Smriti Irani' was brought on board as the Child Care Angel. An association with the Department of Post was initiated to release commemorative first day cover on National ORS day. A press conference was organized in New Delhi to announce the campaign's goodwill ambassador and release the special cover. PR extended support to direct marketing activities. The ORS field teams were created into a PR property- ORS Task Force. City based eminent personalities were invited to flag off the task force in the city. The flag off became a photo opportunity for the local media. A tie-up was facilitated with Kendriya Vidyalaya Schools to organize a painting competition 'WHO ORS Paint a Healthy Future' in 36 program cities on Pandit Jawaharlal Nehru's 116th birthday. This resulted in creating awareness about diarrhea, dehydration and ORS amongst younger population.

Direct contact program

A trained team of promoters (Mothers Direct Contact Program) went to caregivers, ISMPs, general practitioners and pharmacists in the target states to create awareness about the new low osmolarity ORS. Additional messages on continued feeding, breast feeding and hand washing were incorporated in interpersonal communication tools like visual detailer for providers and caregivers and direct contact program leaflets and provider merchandise.

The results

As per the campaign tracking study, the ORS campaign in 2005 achieved a significant increase

in ORS use among caregivers who reported that their child had diarrhea in the last six months. ORS use increased from 48% in 2004 to 58% in 2005.

The corresponding usage figures for ORS use in diarrhea reported in last two weeks increased from 41% to 45%. Usage of home remedies in this case also went up from 12% to 29%.

For incidences of diarrhea reported in the last six months, usage of ORS as the first line of treatment also increased from 30% to 41%. Simultaneously first line use of anti-diarrheals like pills and syrup reported a decline from 39% to 28%. The corresponding figures for ORS use in diarrhea in the last two weeks went up from 28% to 33% while anti-diarrheals decreased from 45% to 35%.

Overall Performance of the Campaign

The tracking surveys annually conducted by CMS/PSP-One suggest that the campaign has had considerable impact. Use of ORS in the target audience increased from an estimated 25 percent to 45 percent (see Figure 3). Knowledge and practice of health providers have also improved significantly. Sales of ORS increased by 37 percent (from 18,646 liters in 2001 to 23,199 liters in 2006) and perhaps most significantly the use of ORS as the first line of treatment increased as the use of medicines decreased (see Figure 4). The total sales of ORS grew by 51% during the corresponding period. Figure 5 indicates the growth in ORS sales volume in project states.

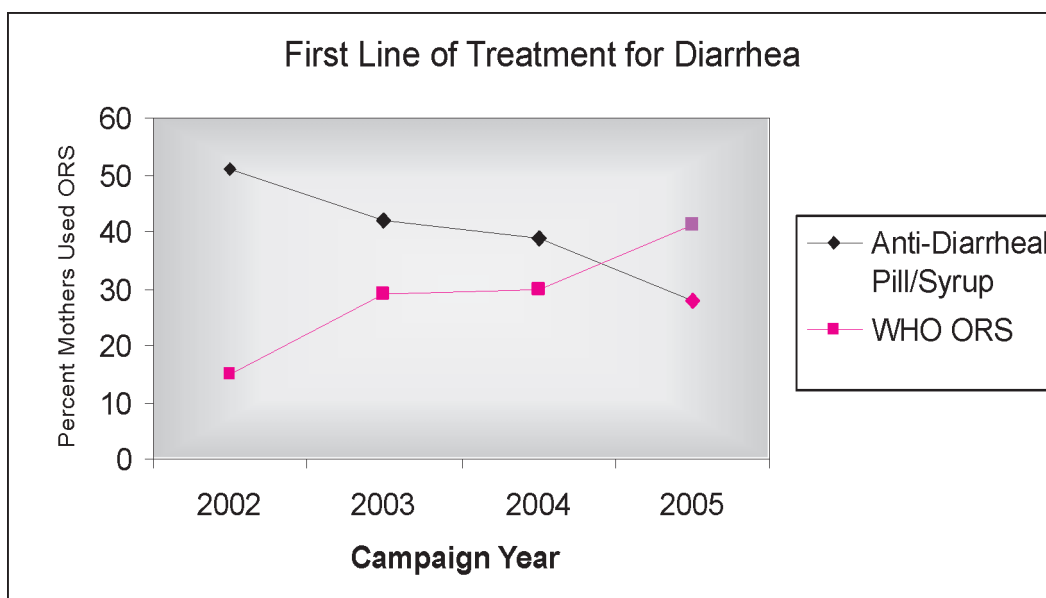


Figure-3

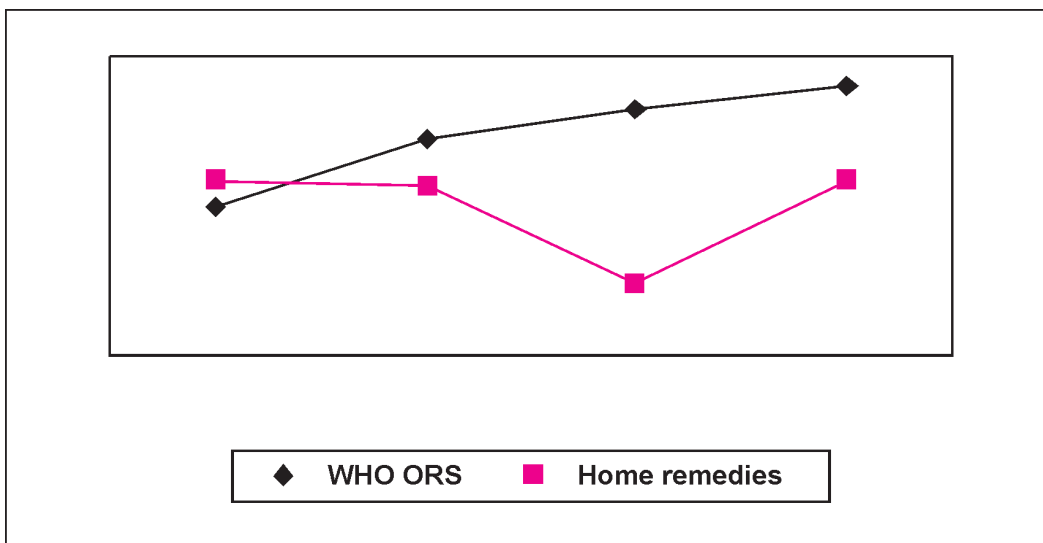


Figure 4

Source: Annual tracking study 2005 by Synovate

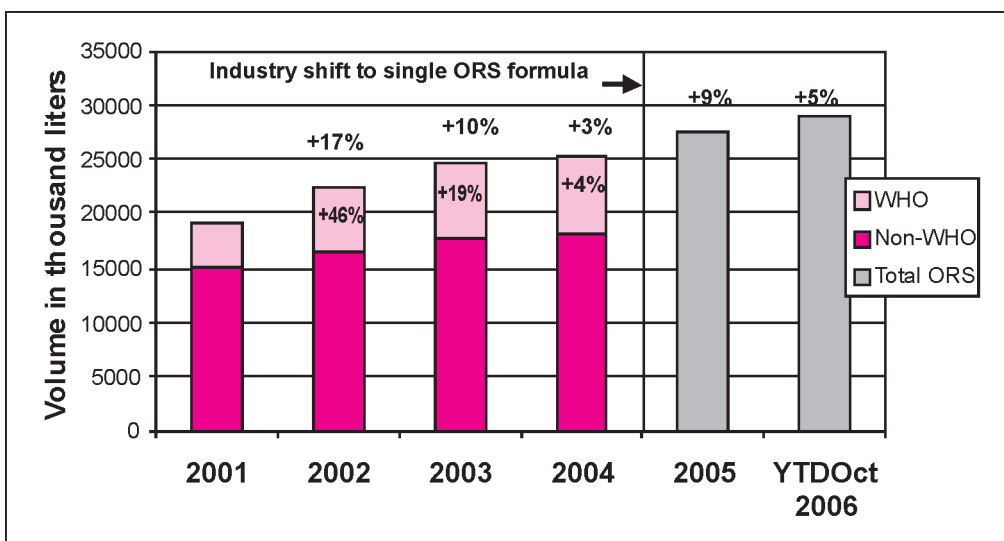


Figure 5 : ORS Sales Volume in Project States:

Source: ORG Pharma Audit 2001-04 & IMS Sales Audit 2005-06

Achievements

Changes brought about by the campaign:

Policy change: In August 2003, a special task force of the IAP was convened with the assistance of CMS to review the guidelines for

management of diarrhea in children. The task force's recommendations, formally endorsed by IAP, was to use the low osmolarity WHO recommended ORS formula as the treatment of choice, and this was conveyed to the Ministry

of Health and Family Welfare and the Drug Controller General of India. This was formally adopted by the Government of India in 2004 and commercial manufacturers launched the new low osmolarity WHO recommended ORS formula in 2005.

More manufacturers: As a result of achievements of the campaign, there have been a number of changes in the industry and policy environment. Many companies are entering the category with new products conforming to WHO recommendations. This is expected to further accelerate ORS market growth.

Institutionalizing the National ORS day: The National ORS day was started by the program, to highlight the disease burden of diarrhea and to communicate the messages about ORS and childhood diarrhea management. Over the years this day received prominence and recognition from the government, the industry and also from the medical community. July 29 is now observed every year across the country as an important day to fight against diarrhea.

Sharing lessons from the campaign

The success of this campaign demonstrates the need to integrate certain essential components into any behavior change communication campaign.

Partnerships works

The success of the WHO ORS campaign is largely attributable to the partnerships that were forged at the onset and have been strengthened over the years. These partners have used their unique strengths in a synergistic manner to achieve the tall objectives set for them. The combined efforts of ICICI Bank, USAID, IAP, CMS/PSP-One field teams, McCann Healthcare India, partner manufacturers, local associations

and authorities in the target area, and many others who have made the program a success.

Focus on targets

Communicating the right message to the right audience is the first step. The program has been a success because it identified the crucial messages required to encourage trial and use, and focused on different stages of the behavioral change process from informing non-users to convincing potential intenders and retaining and reinforcing current users.

Balanced and consistent communication

Communication cannot work in isolation, especially in today's dynamic environment. The achievements of the program can be attributed to a well-balanced campaign that used an even balance of messages that percolated down to the right target groups and were converted into action. Whether it was through mass media, public relations or activities, all the different elements of the integrated communication campaign focused on consistently delivering the same messages.

Leveraging media and marketing partnerships

In today's communication environment where most media is expensive, the WHO ORS campaign worked closely with media partners to inform them about the social and generic nature of the campaign, which allowed it to leverage huge benefits in terms of pro bono media coverage.

Another major success for the program is in the form of acceptance of the program campaign communication materials by National Rural Health Mission (NRHM), Government of India. On USAID's initiative NRHM accepted the WHO ORS Teacherji campaign in 2005 and telecasted it over many channels using their own budgets.

Table 3

Phase	Objectives	Activities	Achievements
I	<p>To induce familiarity with logo. Change of attitude towards ORS as category. Recommendations by doctors</p>	<ul style="list-style-type: none"> • Creation of logo to promote ORS as a category • Partnering with ORS manufactures • Mailers were sent to doctors in partnership with Indian Academy of Pediatricians (IAP). • 'Mystery Consumer Contest' to increase availability, visibility and recommendation of WHO ORS • PR- A series of health articles placed on pre season and diarrhoea season on topics such as '10 tips for diarrhoea management'; 'How to prevent diarrhoea', etc. 	<ul style="list-style-type: none"> • Incorporation of logo by the ORS partner manufacturers on their product packs and promotional materials. • Annual market volume for ORS and WHO ORS in North India in 2002 grew by 17 per cent (3.3 million liters) and 46 percent (1.9 million liters) respectively over 2001.
II	<p>To enhance the knowledge about correct preparation of WHO ORS. To emphasize the need to be prepared and to stock WHO ORS.</p>	<ul style="list-style-type: none"> • A new TV commercial highlighting the need for WHO ORS, showing the step-by-step procedure for preparation. • Print ads in key Hindi women's magazines along with articles on the prevention and treatment of diarrhoea • Trained promoters calling door-to-door on 77,000 caregivers with children less than five years of age in their home. • Identification of the National ORS Day - July 29 dedicated to the cause. • Incorporation two minute capsule in India's most popular TV series among women "Kyonki Saas Bhi Kabhi Bahu Thi" on Star Plus. 	<ul style="list-style-type: none"> • After the first phase of the campaign, the market volume for ORS and WHO ORS in North India continued to grow. • Sales of ORS increased by 10 per cent (2.2 million liters) and of WHO ORS by 19 per cent (1.1 million liters) compared with 2002.
III	<p>To reinforce the fact that WHO ORS is the first line of treatment and not an adjunct to some other treatment. To reinforce stocking of WHO ORS at home and to make caregivers start giving it immediately when diarrhoea strikes.</p>	<ul style="list-style-type: none"> • Additional PR thrust was put on bringing partners on board to help multiply the effect - media companies; celebrities; corporates with high public interface and doctors. • Tie up with PVR and other multiplexes to run the slides and to display the posters. • Partnering with Sahara TV to telecast channel fillers with celebrity endorsement on National ORS day. • In serial promotion and brand placements. • Different activities on ORS days were covered by several dailies. • Door to door promotion through free samples, demonstration for ORS preparation and distribution of leaflets. 	<ul style="list-style-type: none"> • The total market in urban North India grew by 8 per cent and the WHO ORS market grew further by 16 per cent (up to June 2004 over June 2003). • Stocking during this period did not increase substantially.

Phase	Objectives	Activities	Achievements
IV	<p>To promote the use of low osmolality WHO ORS</p> <p>To communicate the key messages for home management of diarrhoea like continued feeding, breast feeding and hand washing.</p>	<ul style="list-style-type: none"> • Launch of 'Saathi Bachpan Ke' initiative. • Appointment of Ms. Smriti 'Tulsi' Irani as brand ambassador • Use of cinema and local cable as media for communication. • Development of merchandize for retail visibility. • Seminars were organized to reach out to the medical fraternity. • Creation of trained team of promoters (Mothers Direct Contact Program) and its visits to the caregivers. 	<ul style="list-style-type: none"> • ORS use increased from 48% in 2004 to 58% in 2005. • Usage figures for ORS use in diarrhoea reported in last two weeks increased from 41% to 45%. • Usage of home remedies in this case also went up from 12% to 29%. • Usage of ORS as first line of treatment also increased from 30% to 41%. • First line use of anti-diarrhoeals like pills and syrup reported a decline from 39% to 28%.

Exhibit 1



Exhibit 02



Visual Aids

Exhibit 03



Posters

Exhibit 04



Measuring Glass

Exhibit 05

दस्त का सही निदान, बचाए आपके बच्चे की जान

WHO ORS दस्त का पहला उपाय, डॉक्टर की यही राय

- जब बच्ची आपके बच्चे को दस्त या इलायिश होना है, उसके शरीर में पानी की कमी हो जाती है।
- यह स्थिति विशाल दुर्घटना बनेगी है, जो बच्ची का जलजलता ही हो सकती है।
- जैसे ही आपके बच्चे को दस्त हो, उसे WHO ORS देना शुरू कर दें।
- केवल WHO ORS ही वैज्ञानिकों द्वारा प्रमाणित किए गए दवाइयों में आया है। अन्य दवाइयों में खारेज होने वाले पानी और पोषक तत्वों की कमी हो सकती है, आपके बच्चे को खराब बनाता है।

कारण यह -

- WHO ORS के साथ बच्चे को सततपन बनाते हैं।
- छाया, ठिंकी, दूध, आदि की कुपोषण से बच्चे में खराब होते हैं।
- WHO ORS हमेशा परम हैं।
- अगर पेशाब बंद हो जाती है, तो अपने डॉक्टर की सलाह लें।

हर दस्त के बाद सीजिए:

- एक लीटर में छोट्टे बच्चे के लिए - आधा लाल
- एक लीटर में छुट्टा के बच्चों के लिए - पूरा लाल
- बच्चा लगा लगा एक लाल प पी सके तो छोटी छोटी मात्रा में मिलाने लें।

WHO ORS के सहभागी आपूर्ण:

- Coslyte • Electroblon • Punarjal
- Ricetral • Rejyte • tkk ors • Walyte-P

Consumer Leaflet

Exhibit 06

बच्चों को शिजिए:

- एक लीटर में छोट्टे बच्चे के लिए - आधा लाल
- एक लीटर में छुट्टा के बच्चों के लिए - पूरा लाल

WHO सहभागी ORS सहभागी आपूर्ण:

- Coslyte • Electroblon • Punarjal
- Rejyte • Ricetral • tkk ors • Walyte-P

Stickers

WHO सहभागी ORS सहभागी आपूर्ण:

- Coslyte • Electroblon • Punarjal
- Rejyte • Ricetral • tkk ors • Walyte-P

Prescription slips

WHO Recommended ORS दस्त का पहला उपाय, डॉक्टर की यही राय • Electroblon • Punarjal • Pedital • Prolyte

Shelf strips

Exhibit 07

Non-MBBS GP Mailers

Every year 600,000 children die due to Diarrhoea in India alone. You can help make a difference.

As you are aware, 600,000 children die due to Diarrhoea every year in India alone. As a doctor, you have a responsibility to the next generation. Because when a baby has Diarrhoea, not only water, but vital electrolytes like Sodium, Potassium, Chloride etc are rapidly depleted from the body. Hence fluid replacement & correction of electrolyte imbalance is of utmost importance.

To educate parents about the hidden dangers of Diarrhoea, we at IAP, ICICI & USIAD have launched a national campaign. Fight Diarrhoea with WHO ORS. Through this campaign, we will be emphasizing on the need to administer WHO ORS as soon as a baby has Diarrhoea.

Why WHO ORS?

Only WHO Recommended ORS has the correct balance of Sodium, Potassium and Glucose to replace those lost in Diarrhoea and vomiting.

Important tips to remember:

- For Babies less than 1 yr - Half Glass
- For Babies 1 yr and above - Full Glass
- Continue feeding ORS after every stool or Diarrhoea episode.
- Continue feeding breast milk and starchy food as soon as a baby has Diarrhoea.

WHO Recommended ORS Partner brands:

- Coslyte
- Electroblon
- Rejyte
- Punarjal
- Ricetral
- tkk ors
- Walyte-P

WHO Recommended ORS Partner brands:

- SIFMCO
- COMPARTY
- E-MERCK
- Sireya Life Sciences
- FDC
- TTK Healthcare
- Wallace Pharmaceuticals

Your words have the power to save a child's life. Prescribe WHO ORS and recommend its immediate use in every episode of Diarrhoea you come across.

Join hands with us in our 'Fight Diarrhoea with WHO ORS' campaign. Your support will go a long way in saving thousands of tiny lives.

Non-MBBS GP Mailers

Exhibit 08

IAP Mailers

As you are aware, 600,000 children die due to Diarrhoea every year in India alone. And in most cases, dehydration is the real killer.

Because when a baby has Diarrhoea, not only water, but vital electrolytes like Sodium, Potassium, Chloride etc are rapidly depleted from the body. Hence fluid replenishment & correction of electrolyte imbalance is of utmost importance.

To educate parents about the hidden dangers of Diarrhoea, we at IAP, ICICI & USIAD have launched a national campaign. Fight Diarrhoea with WHO ORS. Through this campaign, we will be emphasizing on the need to administer WHO ORS as soon as a baby has Diarrhoea.

Why WHO ORS?

Only WHO Recommended ORS has the correct balance of Sodium, Potassium and Glucose to replace those lost in Diarrhoea and vomiting.

Component	Units in mmol/L
Sodium	90
Potassium	30
Chloride	80
Citrate	10
Glucose	111

• Composition determined by expert panel of WHO

• Extensively studied in all types of Diarrhoea, both in adults & children, all over the world.

Important tips to remember:

- For Babies less than 1 yr - Half Glass
- For Babies 1 yr and above - Full Glass
- Continue feeding ORS after every stool, in Diarrhoea periods.
- Continue feeding breast milk and starchy food as soon as a baby has Diarrhoea.

WHO Recommended ORS Partner brands:

- SIFMCO
- COMPARTY
- E-MERCK
- Sireya Life Sciences
- FDC
- TTK Healthcare
- Wallace Pharmaceuticals

Your words have the power to save a child's life. Prescribe WHO ORS and recommend its immediate use in every episode of Diarrhoea you come across.

Join hands with us in our 'Fight Diarrhoea with WHO ORS' campaign. Your support will go a long way in saving thousands of tiny lives.

IAP Mailers

Exhibit 09

ORS Day Press Advertising

THESE ARE THE FACES OF OUR NATION'S FUTURE...

LET'S CELEBRATE NATIONAL ORS DAY BY KEEPING THEM SMILING.

Unfortunately, diarrhoea induced dehydration kills approximately 6 lakh children under the age of 5 - every year - in India.

If parents administer Oral Rehydration Salts (ORS) at the first sign of diarrhoea, and after every loose motion, it will prevent the child from getting dehydrated.

WHO (World Health Organisation) recommended ORS is the most optimal solution of glucose and salts for children.

"We urge all parents in this country to administer WHO ORS to their children in every episode of Diarrhoea. WHO ORS is a life saver which is the only thing that will prevent your child from diarrhoea induced dehydration by replenishing the lost body fluids."

-The Indian Academy of Pediatrics

Logos for Indian Academy of Pediatrics, WHO ORS, and ICMR are also present.

Exhibit 10

GIFT A LIFE PROGRAM

CERTIFICATE OF RECOGNITION

We congratulate _____

on having prescribed WHO ORS in _____ cases of childhood Diarrhoea.

We salute you for giving these children the gift of life.

Supported by: ICICI Bank, ICMR, and WHO ORS logos.

Certificate for participating professionals

Authors' Profile

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Milan Agnihotri is the Strategic Planning Director with McCANN World Group. He has been supervising the operations in China and Malaysia. Earlier he was been associated with Inetrface Communications and Trikaya Grey advertising Pvt. Ltd. He has earned his PhD in the field of Advertising. He was a faculty in Mudra Institute of Communications Ahmedabad. He was also served as a visiting faculty at IIM Indore, IIM Kozhikode and SPJIMR.