

Excellence in Social Marketing – The WHO ORS Campaign for Diarrhea Management: A Case Study

Introduction

The WHO ORS campaign was initiated by ICICI Bank a leading private sector bank of India in the year 2000 under its USAID funded Program for Advancement of Commercial Technology – Child and Reproductive Health (PACT-CRH) project, as part of its commitment to use the power of the private sector to improve reproductive and child health (RCH). Under the PACT-CRH program ICICI Bank works with Indian industry to develop and promote sustainable RCH 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), leading Public Relations Company, to implement the campaign. The largest Indian ORS manufacturers: CFL, FDC, Merck, Shreya Life Sciences, TTK Healthcare and Wallace Pharmaceuticals (and Dr Reddy's and Pharmasynth Formulations in 2005) also signed memorandum of understanding 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 Program for Advancement of Commercial Technologies – Child and Reproductive Health (PACT-CRH) set the ball rolling for the WHO ORS campaign with funding from the United States Agency for International Development (USAID) and support from the Indian Academy of Pediatrics (IAP). The USAID funded Commercial Market Strategies (CMS) initially provided technical assistance in 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 MoU (Memorandum of Understanding) 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 and Zinc composition of Oral Rehydration salts as the first line of treatment for children with diarrhea in the program areas.

The MoU outlined the roles and responsibilities of all the three parties and aims to stimulate the growth of the ORS market and to expand distribution and 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. ICICI Bank was also to provide a program logo to partner manufacturers to use on their packs and other promotional materials. ICICI bank was also to provide campaign materials developed by PSP-One to partner manufacturers free of cost.

PSP-One was to provide assistance and technical oversight to the advertising and PR agency 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 to detail to 25,000 Chemists and 20,000 doctors (GPs/Non-MBBS) to promote use of ORS composition for childhood diarrhea.

Manufacturers, on their part through this MoU agreed to participate in the program activities. They also 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. aimed at improving management of childhood diarrhea. Partner manufacturers were to detail to at least 8,000 doctors (GP's 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 audiences 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 how to manage it, and use WHO ORS as the 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 profession prescribed and recommended 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 did not prescribe ORS and relied on anti-diarrheals and antibiotics. Hence convincing the medical fraternity was integral to the campaign.

The Providers

The pharmacists (chemists) were an important link in the chain since they needed to be encouraged to stock WHO ORS brands and could play the role of advisors by recommending WHO

ORS and by educating caregivers about the correct preparation and use. A pilot study conducted in Patna in the year 2000 showed that detailing or training them could significantly improve their knowledge levels.

The campaign focused on the urban areas of eight Hindi speaking states of Northern India. These comprise 42 per cent of India's population, and have higher infant and child mortality rates than the rest of India. Almost 63% 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 (HCPs). Hence the campaign laid special emphasis on training and detailing these HCPs and also detailing pharmacists and encouraging them to stock the appropriate brands.

Awareness of ORS

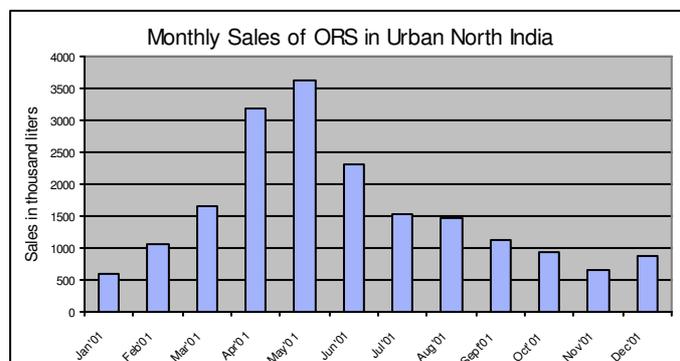
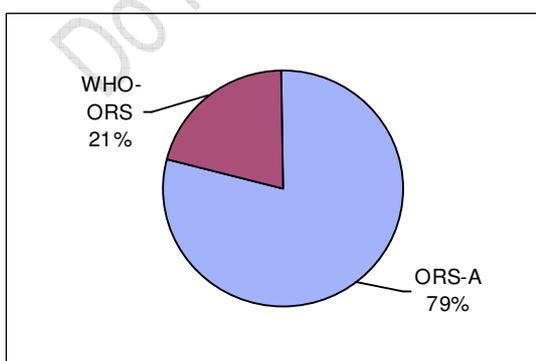
According to the National Family Health Survey 1998-99, the awareness of ORS stood at 62 per cent nationally, but use was only 27 per cent. Most caregivers preferred to give their children home-based solutions that were often insufficient and incorrectly made. Often doctors did not prescribe WHO ORS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

| | 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). The leading brand was Electral with a market share of 77%.



(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. During April –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 adapted by the individuals involved in the buying behaviour process.

The idea and the practice

Although most of the caregivers believed 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 that most of these deaths can be prevented with the use of Oral Rehydration Therapy (ORT) or by using ORS. It was important for doctors to start prescribing the ORS in addition / preference to medicines in cases of childhood diarrhea. It was also expected that the caregivers will adapt ORS instead of homemade solutions as the first line of treatment, as soon as diarrhea strikes in case of children.

The tangible product (WHO recommended ORS)

The composition of Oral Rehydration Salts (ORS), recommended by the World Health Organization (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 use of ORS, and between 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 and health service providers as well as the pharmacists. The campaign also promoted correct mixing, administration and feeding during diarrhea. Subsequently, from 2005, the campaign focused on quick introduction and adoption of the low osmolarity ORS formula and promotion of other home diarrhea management practices. The evolution of the campaign is summarized in annexure 01. Exhibits 01-11 display some of the communication tools adapted during the campaign.

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

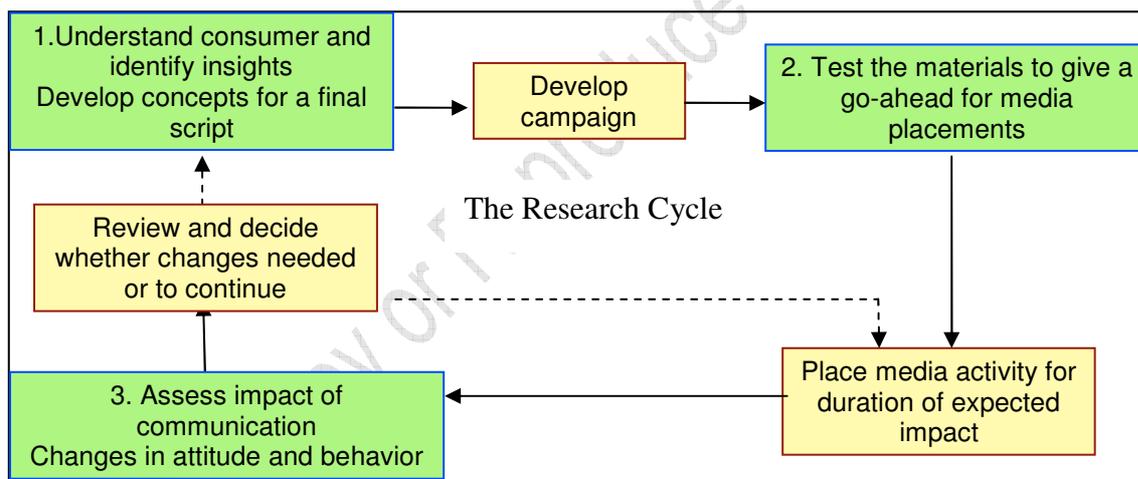
The Research Insight

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 each year of the program. This 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.

Communication campaign

The key elements of the campaign were as follows:

- Creation of 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 as the logo.

- 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 and print ads, radio spots, poster campaigns, direct contact program and PR.



The Campaign 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 with children under five years of age in select cities of Uttar Pradesh, and 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 WHO ORS at home.

Mailers were sent to doctors in partnership with Indian Academy of Pediatricians (IAP), encouraging them to work together to help prevent the millions of deaths that take place every year due to dehydration in diarrhea; 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 the objective to increase 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 PR support from the start of the campaign in 2002. The PR campaign in the initial years focused on motivating GPs & Pediatricians through the Indian Academy of Pediatrics (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'; '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. Furthermore according to an independent survey at the end of 2002, WHO ORS was available in about 55 per cent of pharmacies in the target area, in comparison to 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 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 Objectives: 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, use and the correct preparation of WHO ORS among caregivers.

Mass Media

A new TV 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 ads were used in conjunction with TV. Ads 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 the objective to increase numbers of prescriptions for WHO ORS.

National ORS Day

The National ORS Day - July 29th 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 Indian's most popular TV series among women "Kyonki Saas Bhi Kabhi Bahu Thi" on Star Plus.

DTC (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 where posters were designed which 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 stocking of WHO ORS at home and to start giving it immediately when diarrhea strikes.

The Objective: Promote WHO ORS as the first line of treatment in childhood diarrhea

The main thrust now was to convert the reactive mindset of the target audience 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 ads 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 intermission of various movies. In addition, 7 multiplexes displayed posters of WHO ORS making the touch points reach 6, 27,200 for 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-serials 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 select 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 per cent and the WHO ORS market grew further by 16 per cent (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 year 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 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 and caregivers and direct contact program leaflets and provider merchandise. 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 *ChildCare Angel*. Her presence evoked an overwhelming response from masses, the media and various stakeholders.

Another add 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 this year cinema and local cable TV were also 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 was produced which 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 Tulsi Irani' was brought on board as the ChildCare 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 Jawahar Lal Nehru's 116th birthday. This resulted in creating awareness among about diarrhea, dehydration and ORS amongst younger population.

Direct contact program

A trained team of promoters (Mothers Direct Contact Program) went to caregivers who had children less than five years of age, ISMPs, general practitioners and pharmacists in the target states to create awareness about the new low osmolarity ORS. Also 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 merchandize.

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 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 had considerable impact. Use of ORS in the target audience increased from an estimated 25 per cent to 45 per cent (see Fig.1). Knowledge and practice of health providers have also improved significantly. Sales of ORS increased by 37 per cent (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 use of medicines decreased (see Fig.2). The total sales of ORS grew by 51% during the corresponding period.

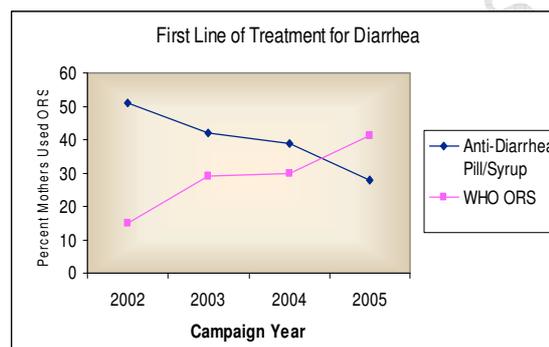
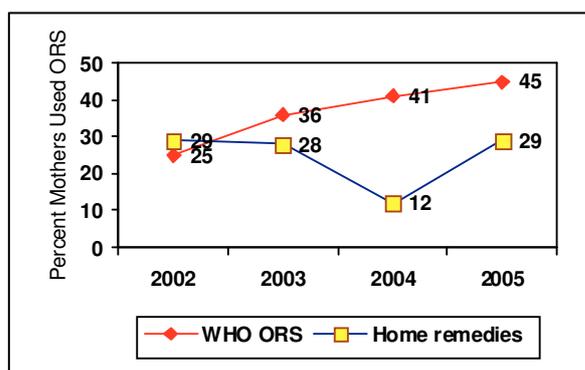
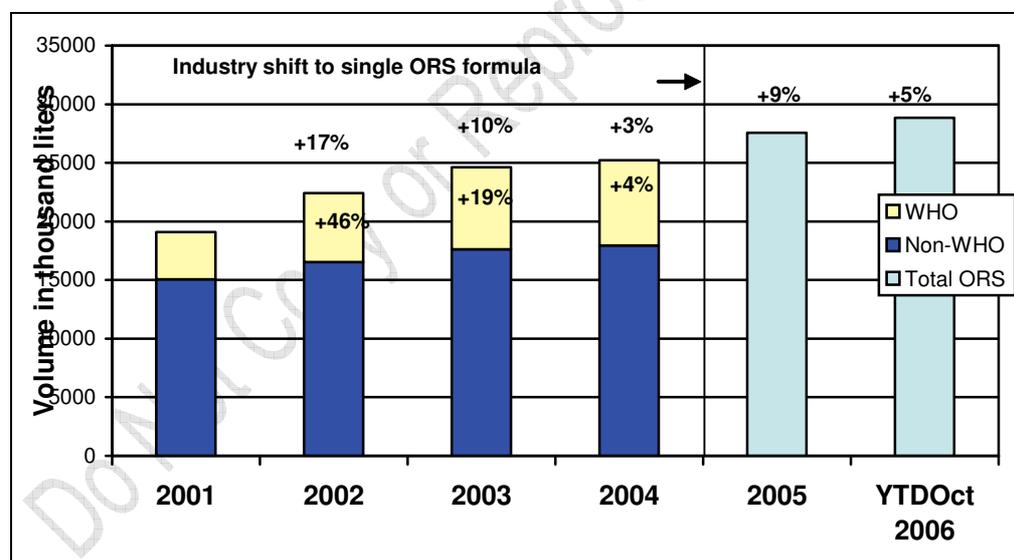


Figure 1: Use of ORS during diarrhea cases in last two weeks

Figure 2: First line of treatment for diarrhea cases in last two weeks

Source: Annual tracking study 2005 by Synovate

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 osmolality 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 has received prominence and recognition from the government, the industry and also from the medical community. July 29th is now every year observed across the country as an important day to fight against diarrhea and to bring into focus ORS and diarrhea management and should continue beyond the campaign.

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 to success in any behavior change program. The program has been a success because it identified the crucial messages required to encourage trial and use, and focused on the 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 and paid-for, 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* TVC in 2005 and telecasted it over many channels using their own budgets.

Exhibit 1



Unifying Logo
 (“Amrit”, “Seep”, “Womb”)

Exhibit 2



Visual Aids

Exhibit 03



Posters

Exhibit 04

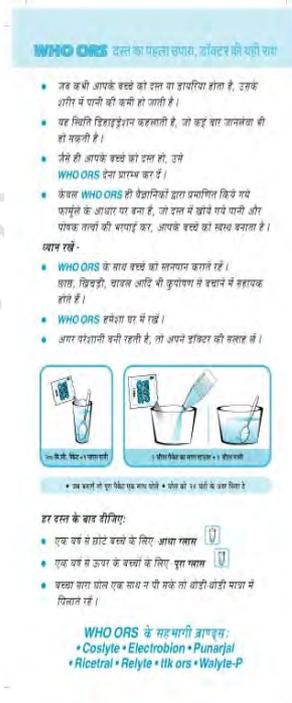


Measuring Glass

Exhibit 05



Consumer Leaflet



Shelf strips

Exhibit 06



Stickers



Prescription slips



Exhibit 07

Every year, 800,000 children die due to Diarrhoea in India alone. You can help make a difference.

As you are aware, 800,000 children die due to Diarrhoea every year in India alone. 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 & USAID have launched a national campaign, 'Fight Diarrhoea with WHO ORS'. Through this campaign, we will be emphasising 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

Preparation:

- For Babies less than 1 yr - Half Glass
- For Babies 1 yr and above - Full Glass

Dosage:

- For Babies less than 1 yr - Half Glass
- For Babies 1 yr and above - Full Glass

WHO Recommended ORS Partner brands:

- **GLAXO** COMPANY
- **EMERCK** E-MERCK
- **SHREYA** Shreya Life Sciences
- **WALTEC** Walteco Pharmaceuticals
- **TTK** TTK Healthcare

Composition (Units in mmol/L):

| | |
|-----------|-----|
| Sodium | 80 |
| Potassium | 20 |
| Chloride | 80 |
| Glucose | 111 |

Composition determined by expert panel of WHO

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

Non-MBBS GP Mailers

Exhibit 08

As you are aware, 800,000 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 & USAID have launched a national campaign, 'Fight Diarrhoea with WHO ORS'. Through this campaign, we will be emphasising 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

Preparation:

- For Babies less than 1 yr - Half Glass
- For Babies 1 yr and above - Full Glass

Dosage:

- For Babies less than 1 yr - Half Glass
- For Babies 1 yr and above - Full Glass

WHO Recommended ORS Partner brands:

- **GLAXO** COMPANY
- **EMERCK** E-MERCK
- **SHREYA** Shreya Life Sciences
- **WALTEC** Walteco Pharmaceuticals
- **TTK** TTK Healthcare

Composition (Units in mmol/L):

| | |
|-----------|-----|
| Sodium | 80 |
| Potassium | 20 |
| Chloride | 80 |
| Glucose | 111 |

Composition determined by expert panel of WHO

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

IAP Mailers

Exhibit 09

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

ORS Day Press Advertising

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**

Certificate for participating professionals

Kyunki no ad breaks required

Soni Sangwan
New Delhi, August 4

THE STARS of the megasoap *Kyunki Saas Bhi Kabhi Bahu Thi (KSBKBT)* promote a passel of products — saris, incense sticks, home appliances and, of course, soap. But that's during the commercial break.

In the July 28 episode, two leading ladies of *KSBKBT*, Tulsi and Ba, visit an orphanage where a doctor explains the importance of oral rehydration solution (ORS) in combating diarrhoea. The two women show viewers how to prepare the solution.

At the end of it, Tulsi talks about the benefits of ORS.

If viewers thought that they were watching an ad, they were right. It was an advertisement for the World Health Organisation's ORS.

"This may be the first time that an



What will they sell next?

ad has become a part of the story in a serial on television, but this is an extension of what has been happening in films. It will be interesting to see how far programmers will allow their content to be used," says Sreekant Khandekar of online advertising magazine *Agency Faqs!* But going by the recall value of

the ad, characters hawking stuff may well become commonplace.

An Integrated Marketing and Research Services poll of 298 women showed 71 per cent recalled the ad.

As part of an experiment, an edited version of the same ORS ad was shown during the serial that followed *KSBKBT — Kahin Kissi Roz*. It was shown as a regular ad. The recall this time was 51 per cent.

Though STAR TV's chief operating officer Samir Nair says the channel will do such ads only for public service campaigns, others say we may be seeing more of them.

Samit Sinha, of Alchemy Brand Consulting, finds the kind of recall in *KSBKBT* phenomenal, but not surprising: "The future will see a convergence of advertising and entertainment and the ad message will come without it screaming at you."

Free PR coverage due to in-serial placements

Soap opera promotes oral rehydration salts

By Nina Martyris
TIMES NEWS NETWORK

Mumbai: For the past two years, Dr Rita Leavell, has had only one aim: to make three little letters, ORS, a household name in north India. ORS, when expanded, is quite an unglamorous mouthful:

Rita Leavell
Oral Rehydration Salts. But a few mouthfuls of this WHO-recommended solution of water, glucose and natural salts, has the capacity to save millions of children suffering from the world's second-largest killer, diarrhoea, and its lethal offshoot, dehydration.

On National ORS day, Ms Leavell, who heads a US marketing company called Commercial Marketing Strategies, talks about how the USAID-funded \$1.2 million campaign has been tailored to target a spectacularly varied audi-

ence—from the village grandmother to the urban chemist—and how everything from posters to soap operas have been used to get the ORS message home.

How serious is the diarrhoea situation in India? And why is your campaign restricted to North India?

Diarrhoea is the second-biggest killer in India after pneumonia—every year six lakh children under five die of it. We wanted to focus our campaign and our research showed that the child mortality was very high in North India, and that 42 per cent of the population lives here.

What are the key causes of diarrhoea in India?

Lack of hygiene and lack of clean drinking water. But the real point is that although diarrhoea may happen, death should not. Babies in the US get diarrhoea too but they don't die. And that's what our ORS campaign is all about. In Bangladesh, before ORS took

root, 50 per cent of those who got cholera died of it, now after ORS only three per cent die of it. If ORS can be so effective for cholera imagine what it can do for diarrhoea.

While a health campaign like the Polio programme has a high recall, ORS doesn't seem to ring an immediate bell. What measures have you taken to raise awareness?

A whole range of strategies have been put in place: The doctor-contact programme which includes contacting non-MBBS doctors and chemists; door-to-door contact programmes with young mothers where campaign workers actually demonstrate how to mix the solution; the Delhi Transport Corporation's 1,800 buses will have tin-plates promoting ORS; UTI bank's ATM will have posters. We want to put across that ORS is both very affordable (a sachet costs between Rs 2 and Rs 12) and life-saving.

I believe that even *Kyunki Saas Bhi Kabhi Bahu Thi* has been roped into the act.

Yes, and I think that's unprecedented. This is a soap with the highest TRPs and watched by women all over the country. *KSBKBT* has woven ORS into its script. The July 29 episode will actually show Tulsi and Ba and a doctor talking about ORS and how it should be mixed. We found that many mothers were not mixing the solution right, so this was a good way to get the message across.

Before ORS came on the scene, what was the grandmother's recipe that was used for dehydration?

Traditionally mothers use daal ki pani and rice water which is better than nothing, but when you have something like ORS which is the perfect balance of water and salts, why not use it? It's like using soap powder to wash dishes instead of ashes.