ORS AND ZINC SCALE-UP PROGRAMS:
FINAL PRESENTATION

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Agenda

- Process
- Comparison Table & Overarching Themes
- Country Case Studies
  - Context
  - Story
  - Key indicators
- Strengths & Limitations
- Overall Timeline
Process

- Multiple students researched each country
- Searched on Google and PubMed
- Reached out to over 50 key informants
- Conducted 20 interviews
### Comparison Table

<table>
<thead>
<tr>
<th>Country</th>
<th>Degree</th>
<th>Scale-Up Components</th>
<th>Target Sector</th>
<th>Contextual indicators of sustained/unsustained success</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Marketing campaign</td>
<td>Regulatory change</td>
<td>Improving provider knowledge</td>
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<td>Public</td>
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</table>
| Trinidad & Tobago | U      | M                   | H             | L     | H       | H               | M       | H       | Public | • Overcrowding of GI wards in 1970s  
  • Country is now much wealthier  
  • Diarrheal disease burden has decreased |
| Guyana        | S      | H                   | M             | H     | Unknown | L               | M       | M       | Public | • Strong public sector  
  • Cholera outbreaks |
| Jordan        | U      | L, H                | L             | H     | L, H    | H               | H       | L       | Private | • Care providers didn’t prioritize CDD  
  • Strong syndicate of private pharmacists  
  • Lucrative private healthcare system |
| Bangladesh    | S      | H                   | N/A           | L     | M       | H               | M       | L       | Private | • High diarrhea burden  
  • Strong research & NGO infrastructure  
  • Dense population |
| Nepal (Zinc)  | U      | M                   | H             | H     | H       | L               | M       | M       | Both   | • High diarrhea burden  
  • Difficult terrain  
  • Social/political turmoil |
| Bangladesh (Zinc) | S    | H                   | H             | M     | M       | M               | M       | H       | Private | • High diarrhea burden  
  • Strong research & NGO infrastructure  
  • Dense population |

Degree of Success: High (H), Medium (M), Low (L)
Overarching Themes

- Precipitating event or high burden of illness stimulate scale up of ORS/ZINC
- Adapting to context is crucial
  - Public vs. private sector
  - Flexibility
- Consumers drive demand (mass marketing), providers are gate-keepers (training)
- Ownership is important
Trinidad & Tobago and Guyana: ORS

Unsustained success

Sustained success
Trinidad & Tobago ORS: Key points

- Important champion for the cause
- Marketing campaign shifted focus to ORT as consumer behavior changed
- Difficult to change norms or maintain training if disease burden is not visible
Guyana ORS: Key points

- Trained health providers are key in countries with strong public sector
- In-country ownership was important
- IMCI program helped ORS use
Trinidad and Tobago: Unsustained

Guyana: Sustained
Jordan and Bangladesh: ORS

Unsustained success

Sustained success

10
Jordan ORS: Key Points

- ↑ diarrhea mortality & cholera outbreak precipitated ORT activities
- Locally produced ORS
- Consumer marketing campaign → failed to sustain sales
- Leveraged existing influences in the health system—private pharmacies
- Felt need among practitioners low
- Consistently ↓ uptake but ↑ knowledge of ORS
Bangladesh ORS: Key points

- High burden of disease
- In-country ownership & long term commitment
- Recognition of context
- Continued growth of market
Jordan and Bangladesh: ORS

Jordan: Unsustained

Bangladesh: Sustained
Nepal and Bangladesh: Zinc

Unsustained success

Sustained success

[Map of Nepal and Bangladesh with data points for zinc levels from 2000 to 2012]
Nepal: Key points

- Steep terrain creates barriers to supply
- Small budget → small impact
- Short media campaigns and no face-to-face time
- Leadership continuity
- Supportive framework for distribution
Bangladesh: Key points

- Knowledge-use gap
- Stable context and in-country ownership
- Formative research and guiding framework
- Supportive regulatory change
- Thorough social marketing
Nepal and Bangladesh: Zinc

Nepal: Unsustained

Bangladesh: Sustained
Strengths & Limitations of Process

- **Strengths**
  - Interviews with key experts
  - Uniformity of evaluating scale-ups
  - Some countries had abundant info

- **Limitations**
  - No formal evaluations of what works (or does not)
  - Variability in data
  - No clear explanation for ↓ uptake but ↑ knowledge
  - Further unanswered questions
### Overall Timeline

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<tbody>
<tr>
<td>Trinidad &amp; Tobago (ORS)</td>
<td>Overcrowded gastroenteritis units</td>
<td>Two-phase scale up</td>
<td>Improved sanitation &amp; clean water coincide with steep decline of diarrhea cases</td>
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<td>Guyana (ORS)</td>
<td>Adopted WHO Primary Care Principles</td>
<td>ORS available in public sector</td>
<td>Cholera Outbreak creates awareness of ORS</td>
<td>MoH develops program</td>
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<td>Physicians trained in ORS</td>
<td>MoH establishes national ORS policy</td>
<td>Flooding creates spike in diarrhea</td>
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<td>UNICEF supplies ORS</td>
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<td>MoH recommits to ORS</td>
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<tr>
<td>Jordan (ORS)</td>
<td>High child mortality attributed to diarrhea</td>
<td>Water &amp; sanitation improvements decrease morbidity &amp; mortality</td>
<td>Diarrhea no longer a perceived priority amongst health professionals</td>
<td>Knowledge of ORS remains high but uptake remains low</td>
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<tr>
<td>Bangladesh (ORS)</td>
<td>Cholera outbreaks</td>
<td>BRAC scales up ORT</td>
<td>SMC scales up ORS</td>
<td>SMC begins production</td>
<td>ORS use high</td>
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<td>Nepal (Zinc)</td>
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<td>Initial enthusiasm from leadership to promote zinc POUZN and NFHP scale up projects begin.</td>
<td>Zinc coverage estimates debated</td>
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<td>Bangladesh (Zinc)</td>
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<td>Zinc research finalized SUZY scale up project begins.</td>
<td>Zinc coverage reaches ~25%</td>
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