New Insights on Demand Generation for Pneumonia and Diarrhea
Research Conducted 2013 – 2014

Newly published research shows continued challenges to correct use of ORS and zinc. Caregivers in Kenya and India regard ORS as the strongest medicine for diarrhea, above antibiotics, but have misperceptions about its purpose and effectiveness – for example, most caregivers most who gave ORS at last episode expected it to stop their child's diarrhea. Caregivers' primary treatment goal is to stop diarrhea, and many believe that antibiotics or ORS will accomplish this goal. Dosing is also a challenge (Zwisler et al. 2013). Research on perceptions and use of zinc shows that the concept of adherence to zinc once symptoms disappeared and dissolving a tablet in a spoon are challenges to the uptake of zinc (Roche et al, Simpson et al 2013). In Kenya, despite reportedly high satisfaction with zinc, caregivers often provide zinc as the 3rd or 4th treatment for a diarrhea episode. Availability of zinc is limited primarily to public–sector providers (and most caregivers receive zinc for free), which may further inhibit uptake (Simpson et al. 2013). Use of antibiotics remains rampant among caregivers and providers alike (SHOPS 2013, Simpson et al. 2013). According to private providers (PPMVs and CPs) in Nigeria, caregivers come to them with their own prescriptions and often send children to collect or purchase treatments, especially in rural areas (SHOPS 2013).

Research with providers and caregivers in Nigeria shows the need for leveraging and reinforcing existing ORS messaging (PATH 2014). Specifically, messaging should reinforce that ORS be used first and in the right amounts and discuss the value add of ORS over HSSS. Messages should incorporate local terminology; for example, "oral drip" and "stooling." Both caregivers AND providers (particularly PPMVs) should be targeted with messages to improve knowledge of the purpose of the products as well as the need to give instruction on the volume of ORS.

Evidence of Effective Approaches to Demand Generation/Behavior Change

1. Social Marketing:

   In Guatemala, a social marketing campaign of Zinc-10 was created and tested to promote the concept of 10 days of adherence to zinc with additional visual aids focused on showing dissolving of zinc on a spoon. The packaging and promotional messages were highly accepted by caregivers and providers during pre-testing (Roche et al.).

2. Community-based models:

   Demand generation activities combined with a community-based health systems strengthening model (with Community Health Worker active case finding, user fee removal, infrastructure development, and community mobilization) may provide a means for improving child survival (Johnson et al. 2013). A review of lessons learned from iCCM found that making community members aware of the skills and training of community health workers and of appropriate treatments of illnesses as well as comprehensive social mobilization efforts were key to generating demand (iCCM Lessons Learned, 2014).

3. Mass Media:

   A systematic review of the evidence showed that mass media-centric campaigns can positively impact a wide range of child survival health behaviors. Adequate exposure is a key component of campaign success; the campaign must reach substantial proportions of the target audience with enough frequency to be recalled. In addition to behavioral effects, mass media was found to (a lesser extent) have positive effects on awareness=knowledge, beliefs=attitudes, self-efficacy, social norms, intentions, and ideation (Naugle & Hornik, 2014). Furthermore, midline results from a three-year randomized controlled trial in Burkina Faso testing whether a child health radio campaign can reduce under-five mortality showed that parents in intervention areas were significantly more likely to have engaged in careseeking for diarrhea and for cough/fast breathing compared to parents in control areas. The number of children who received ORS for diarrhea and antibiotics for pneumonia symptoms (fast or difficult breathing) was also higher in intervention zones compared to control areas (Cousens and Sarrassat).

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