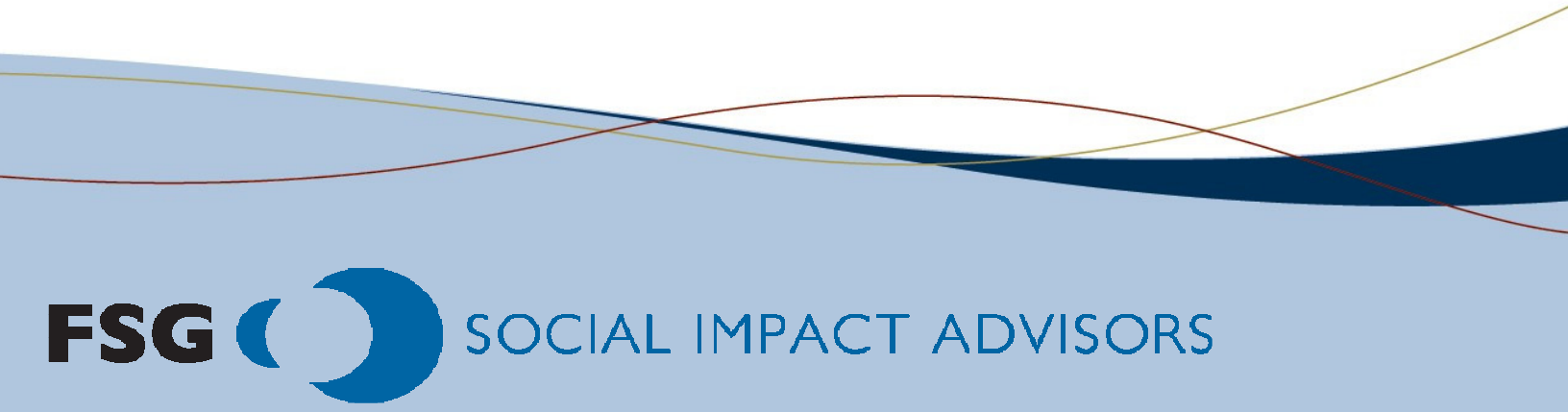
Diarrheal Disease Advocacy:

Findings from a scan of the global funding and policy landscape

Commissioned by PATH

July 15, 2008



FSG SOCIAL IMPACT ADVISORS

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I. INTRODUCTION

Document Purpose

This document summarizes the findings of an external scan commissioned by PATH, a global health nonprofit organization, that examined the global funding and policy landscape for diarrheal disease, the world's second leading killer of children.

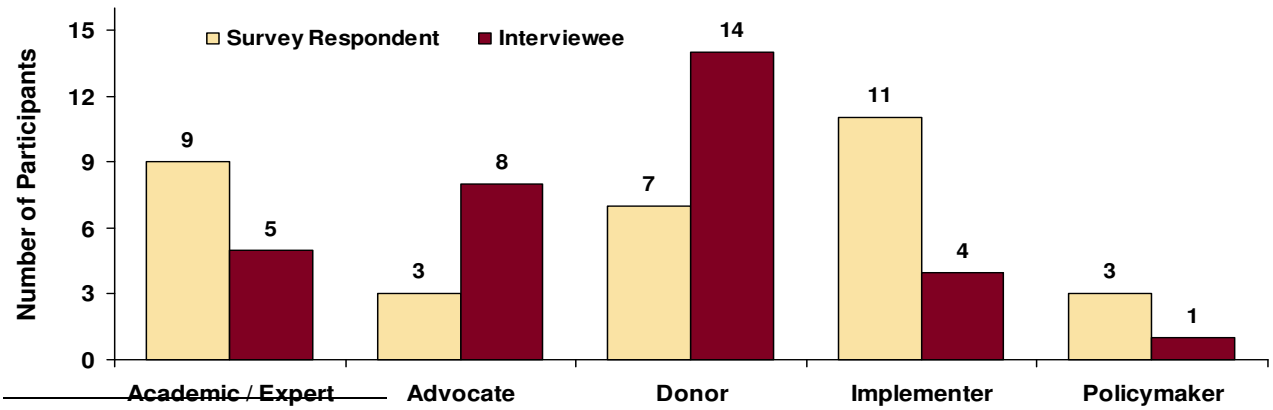
The scan was conducted by FSG Social Impact Advisors, a nonprofit strategy consulting firm, to examine the diarrheal disease landscape, including assessments of the global policy environment, funding landscape, and best practices in advocacy. This research was intended to answer the following questions:

- *How is diarrheal disease currently prioritized relative to other global health issues?*
- *What are the current gaps in advocacy to generate momentum, interest, and funding for diarrheal disease?*
- *What are considered to be the key interventions for addressing morbidity and mortality caused by diarrheal disease?*
- *How can advocacy help to motivate interest and support for diarrheal disease amongst donors and policymakers?*

Methodology

FSG's work in conducting the external scan included **secondary research, an online survey, and interviews with over 50 key stakeholders around the world** – advocates, policymakers, donors, implementers, and academics with interest and knowledge in the area of diarrheal disease.[1] Because the focus of this research was to better understand the global policy environment, the majority of those stakeholders interviewed and surveyed represent global perspectives. FSG completed 34 interviews and distributed the survey to 100 people, of which 33 responded, including 15 stakeholders that participated in both interviews and the online survey. While this is a relatively small sample size, it represents a broad set of stakeholders and a diversity of experiences at the global level.

Chart 1: Interviewee and Survey Respondents by Type



[1] Throughout this document, we will use the term "stakeholders" to refer to the survey respondents and interviewees included in this research.

Background

Diarrheal disease is the **second leading killer of children under the age of five** in the developing world, accounting for approximately **1.6 million deaths annually[2].** An estimated 17 percent of the annual 10.8 million deaths in children aged less than five years are estimated to be caused by diarrhea[3]. While international programs encouraging the use of oral rehydration therapy (ORT) and other interventions have helped to lower these rates, diarrheal disease remains a very serious public health issue for children across the globe.

Attention to diarrheal disease has declined to the point where it is now a low priority throughout low- and middle-income countries, as well as among the governments funding global health initiatives. The *Countdown to 2015*'s 2008 report prioritizes 68 countries which together account for 97 percent of maternal, newborn, and child deaths worldwide each year. Among these countries, diarrhea treatment rates are poor and not improving. Of children under five suffering from diarrhea, the **median proportion receiving ORS or increased fluids is an alarming 38 percent**, and some countries – such as Botswana and Somalia – report figures as low as seven percent[4]. Recently, strong evidence demonstrating the effectiveness of new, low osmolarity ORS and zinc supplementation catalyzed an international call to action urging countries to adopt new treatment guidelines and increase efforts to improve ORS coverage. At the end of 2007, 34 *Countdown* priority countries had adopted both new guidelines and 17 more had adopted one or the other[5]. Despite this improvement in policy and the availability of inexpensive, scalable, and effective interventions to address diarrheal disease, **coverage rates generally remain very low.**

Global health leaders have noted that, while commitment to addressing top child killers – including diarrheal disease – has declined, **building momentum will be critical to accelerate progress towards Millennium Development Goal 4**, which calls for reducing the under-five mortality rate by two-thirds by 2015. While there is some evidence that global advocacy efforts around **child survival and MDG 4 are gaining visibility**, these general approaches have not yet helped increase awareness and understanding around the **need to reinvigorate efforts to address diarrheal disease**. Because of the high profile of other diseases, particularly AIDS, TB, and malaria, many in the public and in policy circle do not appreciate that the leading causes of childhood mortality are in fact pneumonia and diarrhea, and do not prioritize interventions to combat those diseases. **Additional advocacy efforts are needed to stimulate additional funding and attention** to fight these significant killers of children.

The **opportunity exists to reinvigorate global momentum around diarrheal disease** based on strong data that interventions exist to take on this top killer**.** Data from the Lancet Child Survival Series demonstrate that 88 percent of child deaths attributable to diarrheal disease could be prevented by interventions that are available today and are feasible for implementation in low-income countries at high levels of population coverage[6]. These findings show that the

[2] Bryce J, Boschi-Pinto C, Shibuya K, Black R, the WHO Child Health Epidemiology Reference Group. WHO estimates of the causes of death in children, Lancet. 2005; 365:1147-1152
[3] Bryce J, Boschi-Pinto C, Shibuya K, Black R, the WHO Child Health Epidemiology Reference Group. WHO estimates of the causes of death in children, Lancet. 2005; 365:1147-1152
[4] Countdown to 2015 Report: Tracking Progress in Maternal, Newborn & Child Survival, 2008
[5] Countdown to 2015 Report: Tracking Progress in Maternal, Newborn & Child Survival, 2008
[6] Jones Gareth, et al., How Many Child Deaths Can We Prevent This Year?, The Lancet, Vol 362, July 5, 2003

interventions needed to effectively prevent and treat diarrheal disease are available but are not being delivered to the mothers and children who need them. Additional advocacy efforts to raise the level of funding and attention for this significant killer of children have the potential to help save millions of lives.

PATH's Work in the Field

PATH is committed to helping **generate global attention and resources to reduce childhood illness and death**, with several initiatives focused on **decreasing the morbidity and mortality caused by diarrheal disease**. PATH is currently working to tackle diarrheal disease from multiple perspectives, including the promotion of proven prevention and treatment options, improved and updated national and sub-national policies and plans, and development of new technologies and interventions. PATH's current work includes the following:

- **Helping countries**, including Kenya and Georgia, in their efforts to develop or update implementation strategies for raising awareness and increasing the use of reduced osmolarity ORS and zinc to treat episodes of severe diarrhea
- **Educating parents and health workers,** in countries that include Cote d'Ivoire and Haiti, about practices that can prevent the spread of diarrhea, like exclusively breastfeeding infants and reducing malnutrition
- **Developing and promoting health technologies** to prevent diarrheal disease, with efforts that include increasing access to existing vaccines (Rotarix and RotaTeq for rotavirus), developing additional safe, effective, and affordable vaccines (for *Shigella*, ETEC, and rotavirus), helping families and communities find better ways to generate safe water, and creating rapid diagnostics to quickly identify infections and determine efficient treatment plans
- **Supporting countries,** including Kenya, Georgia, and Vietnam**,** that are prioritizing diarrheal disease and creating new or improved national diarrheal disease control plans
- **Contributing to multilateral child survival efforts** that address reduction of child mortality from diarrheal disease, including support for passage of the Child Survival Act in the US Congress and participation in global advocacy efforts around Millennium Development Goal 4

II. TRENDS IN GLOBAL HEALTH

Momentum around achieving the UN Millennium Development Goals (MDGs) has stimulated discussion in the global health field about how to reduce the mortality rate of children under five by two thirds by 2015 (MDG 4). *The Countdown* report reiterates that prompt and effective treatment of diarrhea, along with pneumonia and malaria, is absolutely essential for newborn and child survival, and urges the global health community to take immediate action to address the morbidity and mortality associated with the disease[7]. Despite this recognition that effective control of diarrheal disease is crucial for achieving MDG 4, there are a number of issues that the field must consider in determining the best methods for doing so.

[7] Countdown to 2015 Report: Tracking Progress in Maternal, Newborn & Child Survival, 2008

Vertical vs. Horizontal Programming

Over the past decade, the global health field has seen a **shift from vertical, or disease-focused, programs to horizontal or systems-focused efforts.** This shift is driven by the reality that many developing countries' health systems cannot deliver essential interventions widely or effectively enough to reduce mortality nationwide. In fact, of the 68 *Countdown* priority countries, 80 percent have workforce densities below the critical threshold for "improved prospects" for achieving the health related MDGs[8]. The belief that health systems with improved efficacy and efficiency can more successfully address multiple diseases has led many donors to support initiatives such as training and education of health care providers, strengthening of systems, and building of new hospitals, labs and clinics. For instance, a number of donors – such as DFID (UK), Norad (Norway), DANIDA (Denmark), and the Netherlands – are increasing their emphasis on addressing MDG 4 by taking a health systems approach rather than targeting specific diseases.

Within child health, the counterweight to a **disease-specific approach is the field's Integrated Management of Childhood Illness** (IMCI), a strategy for improving child health formulated by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF). This approach seeks to train health workers to recognize and treat the range of childhood diseases, and discourages disease-specific programs. In this current environment emphasizing horizontal programming and health systems strengthening, there is a **challenge in determining if and how to elevate the issue of diarrheal disease within existing efforts.**

Global vs. Country-Level Agenda Setting

Any attempt to increase funding and attention for diarrheal disease must also consider the **most appropriate audiences to jump-start new efforts**. In recent years, debate has continued as to who – country ministries or global donors – drives the agenda for prioritizing health issues in developing countries. There is a perceived cycle in which many **global funders want to support the priorities of country ministers, while ministers have an incentive to prioritize issues that will receive global funds**. Different funders set their agendas differently. Some – such as USAID – first set specific funding priorities centrally at the global level (e.g., PEPFAR), which are then tailored to meet country needs. Others – such as DFID, AusAID (Australia), and Irish Aid – set broad approaches (e.g., health system strengthening) at the global level, but allocate country-specific funding in line with a given local health plan. These diverse approaches **challenge advocates to determine how best to influence decision-making and priorities.**

Need for Data

There is broad acknowledgement throughout the field that **better data on disease burden, coverage rates, and local implementation are necessary to enable more effective diarrheal disease treatment and prevention**. Many countries are still determining coverage levels for essential interventions by relying upon data that is 10 or even 15 years old[9]. While there is agreement that improved data collection and more thorough and timely dissemination are crucial to successful program planning and implementation, there is not yet agreement as to who should own these efforts and how they can best be operationalized.

[8] Countdown to 2015 Report: Tracking Progress in Maternal, Newborn & Child Survival, 2008
[9] Countdown to 2015 Report: Tracking Progress in Maternal, Newborn & Child Survival, 2008

All of these issues influence the environment in which progress on diarrheal disease takes place.

III. RESEARCH FINDINGS

Diarrheal Disease Landscape

The global push to meet the MDGs by 2015 has succeeded in galvanizing interest in child survival. However, this call for action has not included a specific push for increased attention for diarrheal disease as one of the leading causes of child mortality. On the contrary, **attention and funding for diarrheal disease have declined** since 1995 as the Jim Grant era at UNICEF came to an end and the world faced new diseases such as HIV/AIDS. When asked to share their perceptions of the relative prioritization of global health issues, HIV/AIDS was perceived as the highest global health priority, receiving more than five times the attention paid to diarrheal disease (see Chart 2). While addressing the HIV/AIDS pandemic has required an increasing share of global health resources, stakeholders indicate that policymakers have deprioritized the serious health impacts of diarrheal disease. In their words, *"policymakers think of specific diseases, and I don't think diarrheal disease comes in the top ten."*

Chart 2: What level of priority do you think the global health community places on each of the following disease areas?

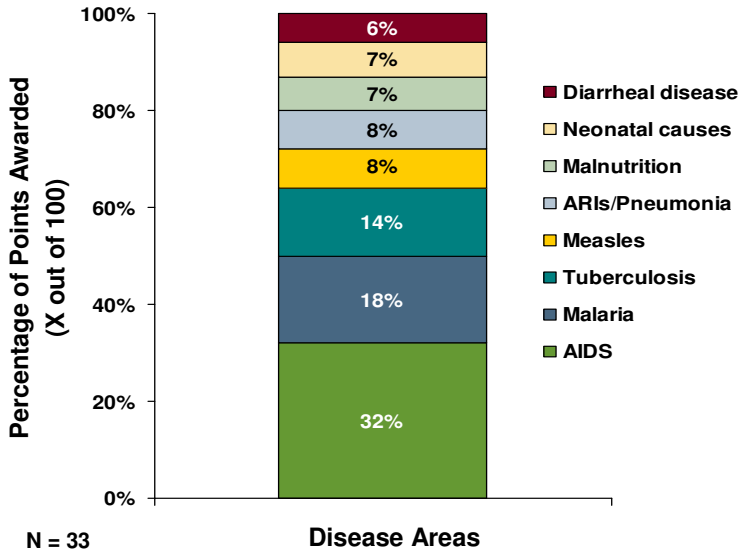
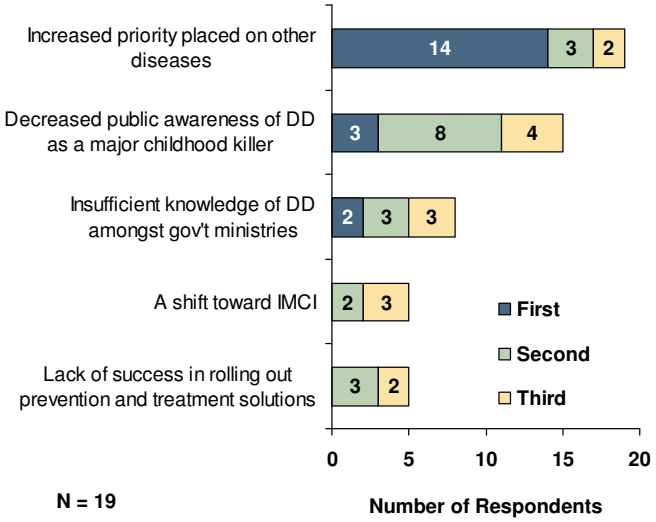


Chart 3: In your opinion, what have been the most significant factors contributing to stalled or decreased attention and funding for diarrheal disease? (Please rank the top three factors)



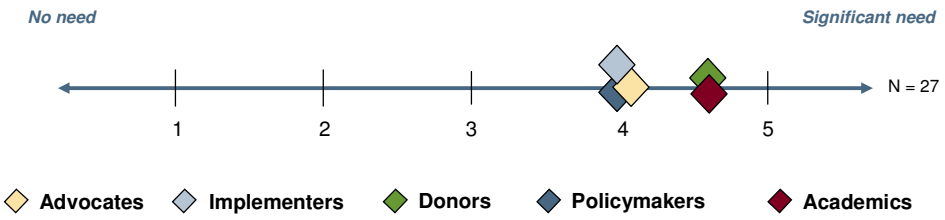
Conversations with stakeholders indicate that the success of programs addressing diarrheal disease in the 1980s, coupled with increased attention to other diseases, has resulted in a misperception that, as one stakeholder describes, "*the problem has been solved.*" As Chart 3 indicates, **95 percent** of survey respondents indicated an increased emphasis on other diseases to be a factor in contributing to decreased attention and funding for diarrheal disease, and **75 percent** pointed to a decreased public awareness of diarrheal disease as a major childhood killer.

Stakeholders agree that **increased funding and attention for diarrheal disease are integral to achieving MDG 4**. As stated by

one interviewee, *"Diarrheal disease should be a much higher priority – it's the number two killer of children, yet it receives so little funding or attention."* Another elaborates, *"We really can achieve MDG 4 if we focus on diarrheal disease and pneumonia – these are the main causes of child death. We have tools that are extremely efficacious and this has disappeared from the understanding of most people."*

In recent years, a number of advocacy organizations have worked to promote MDG 4. However, interviewees and survey respondents expressed that **additional advocacy efforts are needed** in order to effectively generate the additional funding and attention necessary to adequately address diarrheal disease. While interviewees report that there are a handful of key players active in child survival advocacy – including UNICEF, Save the Children, WHO, and the U.S. Coalition for Child Survival – they are also quick to highlight the point that **none of these organizations is specifically focused on diarrheal disease**. As Chart 4 shows, when asked to rate the need for additional diarrheal disease advocacy, survey respondents were unanimous that this is a gap in the field. As we heard, *"There has been no advocacy around diarrheal disease in the last 5 -10 years. Diarrhea has dropped out of the public health agenda – it has become totally invisible."*

Chart 4: To what extent do you perceive a need for additional advocacy efforts to elevate the issue of diarrheal disease?



Diarrheal Disease Interventions

A key question highlighted by the landscape scan related to what interventions diarrheal disease advocates should promote through their messaging. With multiple interventions currently available and growing investment in new technologies, advocates will need to consider the interventions that are most appropriate and efficacious for the developing world. Stakeholders strongly encourage advocates to promote an **integrated package of interventions –** including ORS/ORT, breastfeeding, vaccines, zinc, nutrition, and water and sanitation. As one funder explained, "*An integrated set of interventions can be more powerful when rolled out together and advocated for as a comprehensive package.*" Survey respondents echoed

Case Example: The SAFE Campaign

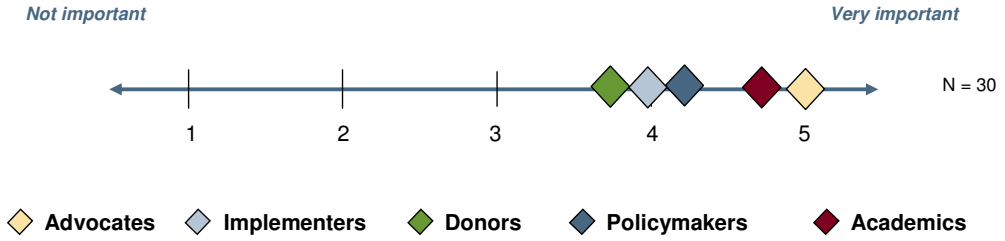
The SAFE strategy for eliminating blinding trachoma provides an example of effective integrated strategy. This approach has been rolled out in more than 15 countries and has virtually eliminated blinding trachoma in **Morocco** by delivering a **complete standard of care**, including:

- **S**urgery to correct advanced stages of the disease
- **A**ntibiotic distribution to treat active infection
- **F**ace washing to reduce disease transmission, and
- **E**nvironmental change to increase access to clean water and improved sanitation

The SAFE strategy relies on a partnership between the Ministry of Health, the Ministry of Education, Drinking Water Board, Pfizer, WHO, the International Trachoma Initiative, and select NGOs. As a result of their work, Morocco has seen the national prevalence of trachoma drop from 28 percent in 1997 to less than 3 percent in 2005**.** *(Source: International Trachoma Initiative, Morocco: A Better Future in Sight)*

this perspective, responding, with an average of 4.3 out of 5, that integration was important (see Chart 5).

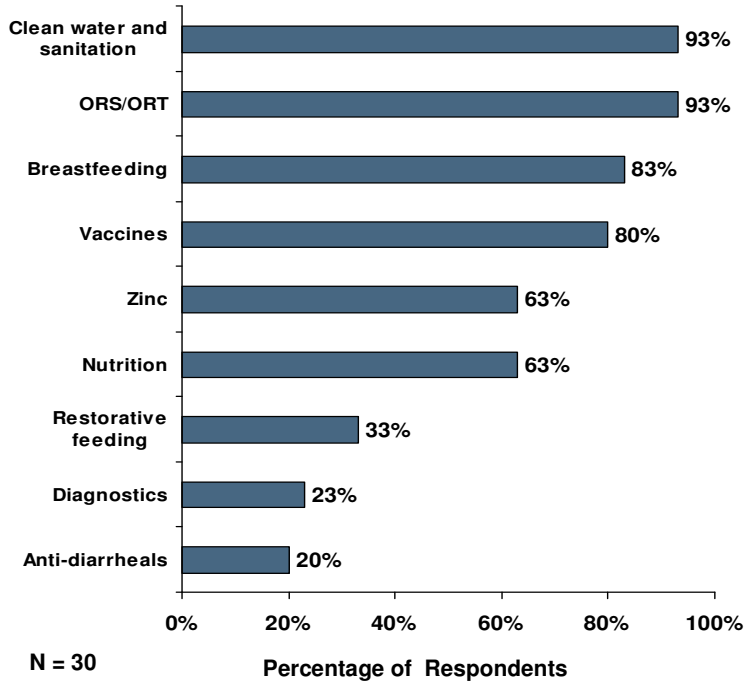
Chart 5: How important is it that diarrheal disease be addressed through an integrated package of interventions?



When asked which interventions they considered to be critical to an integrated diarrheal disease approach, survey respondents ranked clean water and sanitation, ORS/ORT, breastfeeding, and vaccines highest, followed by zinc and nutrition (see Chart 6 below).

Within the integrated package, stakeholders emphasize the importance of **proven, cost-effective interventions**, such as ORS/ORT and breastfeeding. Increasing access to proven interventions is believed to be the **fastest, most effective way to accelerate progress** towards reaching MDG 4. Indeed, interviewees emphasize that addressing diarrheal disease is more about **providing access to existing technologies** than developing new ones. One interviewee explained, *"Reducing diarrheal disease is less about a new widget, but more about getting existing widgets into the hands of those who need them."*

Chart 6: In your opinion, which of the following interventions are absolutely integral to addressing morbidity and mortality from diarrheal disease?



Notably, stakeholders also consistently rank **clean water and sanitation as a crucial intervention for reducing morbidity and mortality from diarrheal disease.** In one stakeholder's words, *"There will not be some magic bullet with diarrheal disease; realistically it will be investment in water, sanitation, and hygiene that will make the difference."* At the same time, stakeholders caution that including water and sanitation in advocacy to developing country audiences presents **challenges in terms of both securing funding and on-the-ground integration**. Interviewees anticipate that these challenges would exist at the

global and country levels, as both global donors and developing country ministries often silo funding for health versus sanitation or infrastructure and effectively addressing diarrheal disease requires crossing these lines. As one stakeholder explains, "W*ater and sanitation are often outside of the health sector so implementation would be difficult. You would have additional challenges securing funding across silos."*

Approach to Diarrheal Disease Advocacy

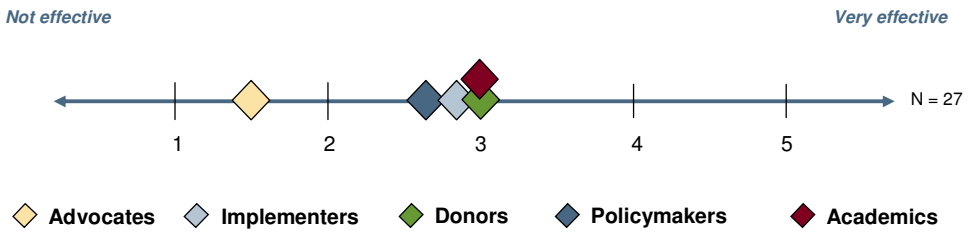
Interviews with stakeholders revealed a short list of best practices that any organization should consider in developing future efforts to increase funding and momentum around diarrheal disease interventions.

Best Practices in Advocacy

- Create messages that are simple and consistent
- Provide clear evidence on the size of the problem and the efficacy of solutions
- Work to build relationships with and engage key influencers
- Coordinate with existing advocacy efforts to identify areas of collaboration

When asked for their opinion on how potential advocacy efforts should frame the issue of diarrheal disease, the majority of stakeholders believe that the **international community will not be receptive to a vertical campaign**. As one interviewee commented, *"The world is trying to get away from thinking about vertical streams. There is a strong international push to strengthen health systems, stop vertical programs, and look at integrated packages – an integrated approach would be more relevant here."* When asked to rate the expected effectiveness of an advocacy strategy focused specifically on diarrheal disease, versus a broader set of child survival issues, stakeholders responded with an average of only **2.6 on a scale of 1 to 5,** with 1 being the least effective (see Chart 7).

Chart 7: How effective do you think an advocacy strategy would be if it were focused solely on building support and mobilizing resources for diarrheal disease?

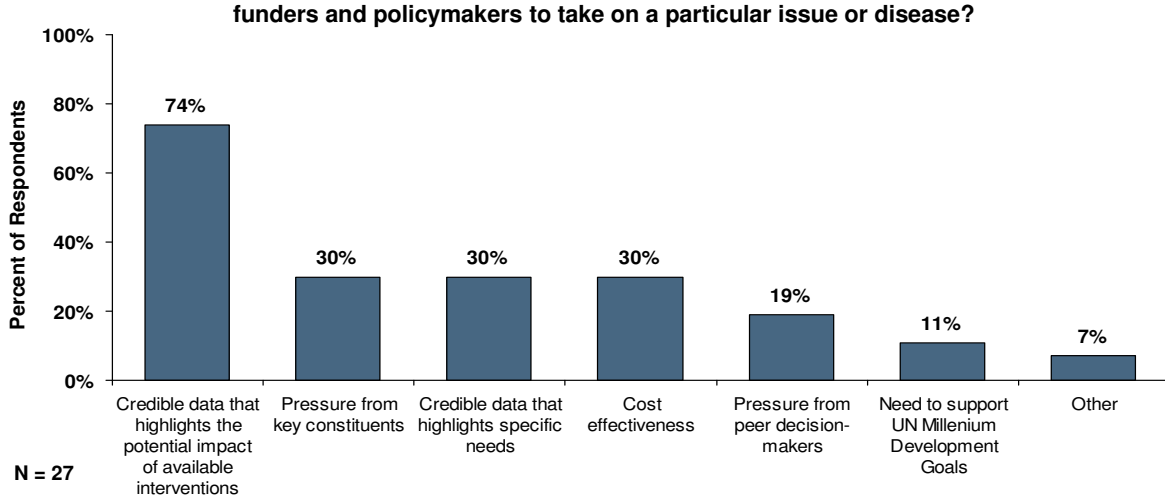


Although some stakeholders acknowledged that it can be easier to demonstrate impact from vertical programs, and that some advocates have had great success with this approach, the consensus was that **funding is largely viewed as a zero-sum game** and a vertical approach to diarrheal disease advocacy would not be well received. One interviewee warned, *"Advocates have to be careful in their messaging to push for increased funding across the board, not just for one specific issue. At some point it does become a zero-sum game; we are all fighting for our specific pieces. Everybody wants to increase the pot and we have managed some success at doing that, but it's never enough to cover everything."*

Given the expected resistance to a disease-focused advocacy approach, **stakeholders recommend that efforts to increase funding and attention around diarrheal disease be framed within the context of child survival and the top killers of children**. As one interviewee suggested, *"The message should be about child mortality more broadly and the fact that children are dying from a handful of preventable causes."* This approach has the added benefit of **reminding the global community of the major causes of child death**. Stakeholders emphasize that this is an important element of a strong advocacy strategy, because stakeholders no longer understand what is included within the "child survival" frame: *"Child survival is so vague and broad but it is just a handful of things that are mostly killing kids – most people don't know that diarrhea, pneumonia, and neonatal causes are the biggest killers."*

Furthermore, interviewees suggest that framing diarrheal disease advocacy efforts within the context of child survival could make the case for funding more attractive to donors by providing opportunity to both **align with current momentum around MDG 4** and **demonstrate the cost effectiveness of an integrated package of interventions across a broader set of diseases**. As one stakeholder put it, *"Within the global campaign for the health MDGs, there is a real opportunity for additional focus on diarrheal disease; riding the MDG 4 wave really could be effective."* Other interviewees commented that, as several diarrheal disease interventions address multiple diseases**,** the ability to demonstrate cost effectiveness across a broader set of diseases **may also make the integrated package more compelling to donors.**

Chart 8: In your opinion, what are the key factors motivating health funders and policymakers to take on a particular issue or disease?

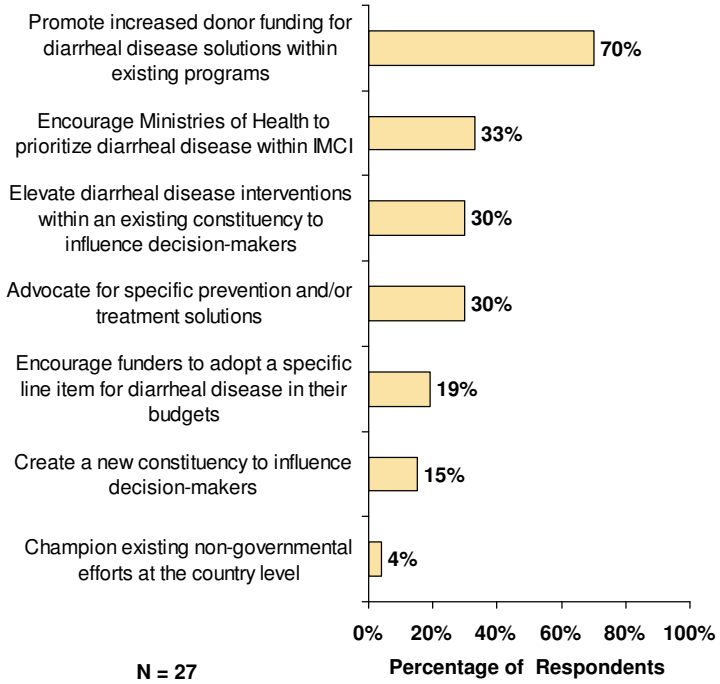


When asked to identify key factors believed to motivate donors and policymakers to take on a particular issue or disease, stakeholders consistently identified **credible data that highlight the potential impact of available intervention** as the most important criterion (see Chart 8). As such, interviewees suggested that effective promotion of an integrated package of interventions to address diarrheal disease will require strong data to prove the power and efficacy of such an approach. One funder noted, *"Donors and policymakers want evidence-based interventions with an opportunity to take them to scale for country-level impact that is measurable and discernable."* Another continued, *"Donors need hard data and evidence to understand the depth of the problem and that you have an intervention to solve or minimize it in a way that will be cost effective."* As Chart 8 demonstrates, survey respondents cited **credible data that highlights the**

potential impact of available interventions as the number one factor motivating health funders and policymakers to take on a particular issue or disease.

Stakeholders also suggest that **advocacy efforts can most effectively elevate the issue of diarrheal disease by raising its priority within existing child health programs**. As one interviewee stated, *"Diarrheal disease is a cross-cutting issue and its interventions will have effects on other diseases, so it doesn't make sense to pull diarrhea out specifically, but rather to look at it in the broader context of IMCI and child health."* As indicated by Chart 9, 70 percent of survey respondents felt that promoting increased funding within existing programs would be the most effective means of elevating the issue of diarrheal disease.

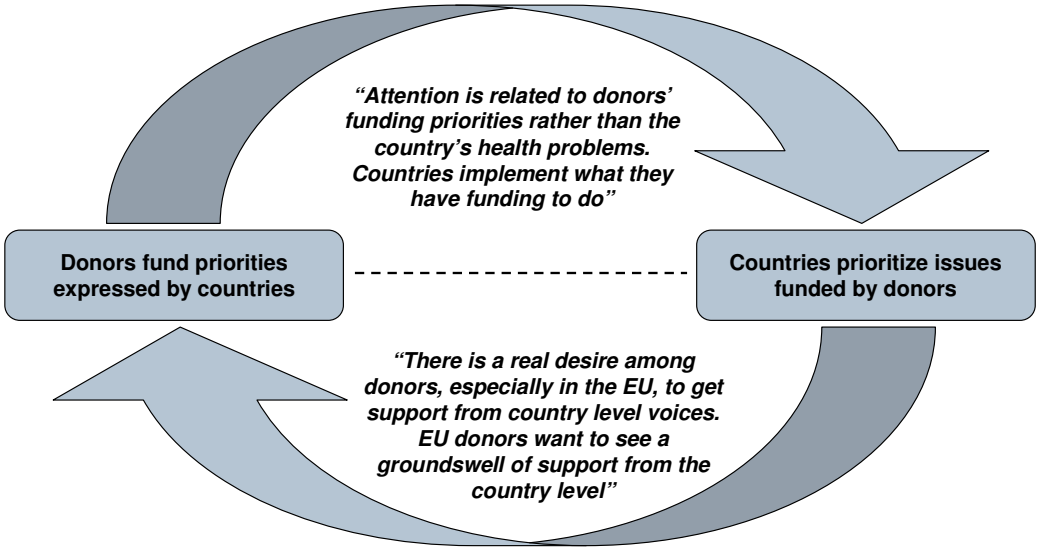
Chart 9: How do you think that advocacy can most effectively elevate the issue of diarrheal disease?



Despite highlighting the challenges associated with the creation of strong advocacy messages across multiple funding and implementation silos, stakeholders strongly suggest that **water and sanitation interventions be incorporated into an integrated package of diarrheal disease interventions**. A number of interviewees suggested that child survival advocates could **create partnerships** with water and sanitation advocates – such as WaterAid, Water Supply and Sanitation Collaborative Council, and Water Advocates – in order to **elevate the issue of diarrheal disease within water and sanitation advocacy messages**, and vice versa. As one interviewee noted, "*Diarrheal disease should be elevated within advocacy efforts for child survival and water – these issues are integrated."* Because the range of interventions included in water and sanitation are so numerous and diverse, stakeholders suggested that diarrheal disease advocacy efforts could begin by incorporating messages around interventions such as **point-of-use water and hand washing** as a starting point for integration into the broader package.

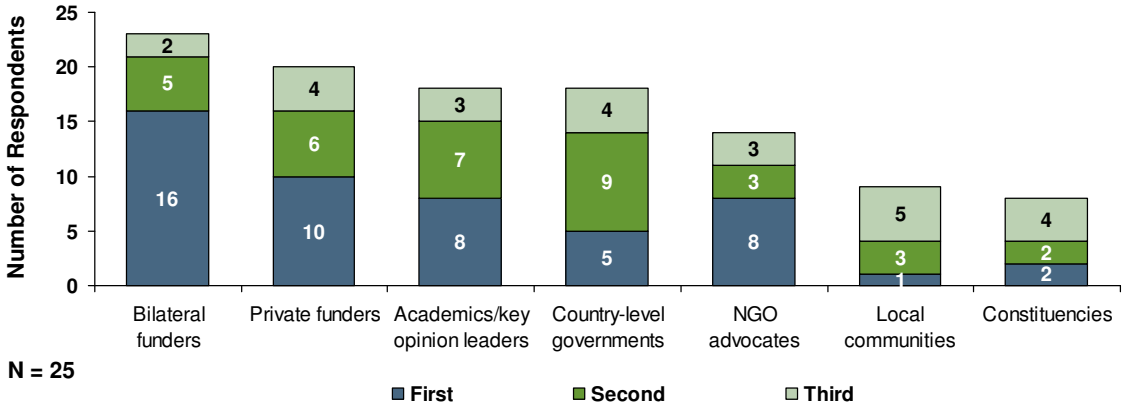
When asked to identify the **most appropriate audience for initial diarrheal disease advocacy efforts**, many stakeholders described a cycle in which country health ministers prioritize issues that receive global funds while many funders want to support the priorities of country ministers (see Chart 10). Interviewees were not able to identify the appropriate starting point to influence this cycle. A number of interviewees suggest starting with influential global audiences (*"The most important audiences are the rich and powerful: the Bill Gates-es of the world and the governments of rich countries."),* while others emphasized the importance of country-level advocacy (*"I think the loudest voice should be at the country level - in particular the government and other implementers asking to please bring this issue back up to the top of the agenda.")*

Chart 10: Perceived Cycle for Determining Funding Priorities



Ultimately, **increased advocacy efforts are needed at both the country and global levels**. When asked to identify the key gaps in generating increased momentum around diarrheal disease, survey respondents most frequently answered a **lack of effective advocacy campaigns on a global level** and **lack of prioritization at a country level**. However, although interviewees did not offer strong consensus as to the most appropriate target audience for diarrheal disease advocacy efforts, **survey data indicates that perhaps advocacy should begin at the global level**. Chart 11 below provides survey responses to this difficult challenge.

Chart 11: In what order do you think the following audiences should be targeted to jump-start momentum for increased funding and attention for diarrheal disease?



IV. CONCLUSION

This review of the diarrheal disease advocacy landscape provides helpful guidance for anyone seeking to influence childhood health in the developing world. Stakeholders reflected many of the contextual themes resident in the current global health debates, with a keen eye towards how any new advocacy efforts can build on the work of others to catalyze new investments in diarrheal disease interventions. Key findings from the external scan include the following:

Landscape and needs:

- There is an overwhelming consensus that attention and momentum around diarrheal disease have stalled, and that increased advocacy is critical for re-prioritizing the issue.
- There are a number of gaps in the diarrheal disease advocacy landscape that need to be filled (see sidebar "Key Gaps in the Diarrheal Disease Landscape").

Package of interventions:

- Stakeholders support an integrated package that includes existing inexpensive and scalable interventions (e.g., ORS/ORT, zinc, breastfeeding, nutrition). The field is eager for improved data on integrated. interventions and a focus on "solutions."
- Water and sanitation are seen as crucial for reducing morbidity and mortality and should be incorporated into an integrated package of interventions. There is potential to partner with water and sanitation advocacy groups to highlight diarrheal disease within their message, and vice versa.

Framing of the issue:

- The most effective and appropriate approach to advocacy is to position diarrheal disease within child survival and focus advocacy efforts on the top killers of children.
- This approach provides a strong opportunity to capitalize on current momentum around MDG 4.

Level of intervention:

- Advocacy efforts will need to target both the country and global level influencers.

Key Gaps in the Diarrheal Disease Landscape

- ***Lack of global awareness***: Lack of awareness about diarrheal disease as a top killer of children, among both the global health community and the general public.
  "People feel that the problem has been solved – we need to be reminded that the issue is still there and kids are still dying."
- ***Lack of diarrheal disease advocacy***: No explicit mention of diarrheal disease within child survival advocacy.
  "I don't see any organization doing advocacy for diarrheal disease – this important issue is getting lost within the broader messaging of big organizations that do a lot of other things."
- ***No strong champion for the issue:*** Lack of a visible, respected spokesperson advocating for diarrheal disease.
  "Diarrheal disease is missing a spokesperson, someone with charisma. We had Jim Grant with UNICEF; every time he met a head of state or a decision maker, he pulled a sachet of ORS and showed it. No one is doing this anymore – no one has filled the shoes of Jim Grant."
- ***Minimal coordination between advocates***: Little integration of diarrheal disease into existing advocacy efforts; no clear coordination within child survival advocates, water and sanitation advocates, nor between these two groups.
  "It's bringing together the best of everybody and putting together a plan of what everybody is supposed to do."
- ***Desire for additional data***: (1) Data, on both efficacy and cost effectiveness, to support the power and success of an integrated package of interventions to address diarrheal disease, and (2) detailed epidemiological data by geography.
  "Donors need hard data and evidence to understand the depth of the problem and that you have an intervention to solve or minimize it in a way that will be cost effective."