

Influencing policies to reduce deaths from diarrhea in Cambodia and Vietnam

THE BIG PICTURE

Diarrhea is a major cause of child death in both Cambodia and Vietnam, but, for years, outdated national policies kept medicines from reaching caretakers and children suffering from diarrhea. In response, health advocates joined together to assemble evidence, identify key health decision makers, and convince the ministries of health to prioritize policy changes to improve access to medicines that could reduce the toll of diarrhea.

IDENTIFYING THE POLICY CHALLENGE

Diarrheal disease is the most common illness among children in the developing world and can lead to dehydration and death. In 2012, 600,000 children under five years old died worldwide as a result of severe diarrhea. In the Mekong Region, particularly in Vietnam and Cambodia, for many years diarrhea has been one of the leading causes of child death.

In the 1980s, an international policy and funding focus helped to reduce the burden of diarrhea in the region. However, the elevation of other health priorities over the next two decades relegated the issue to a lower priority for ministries of health in both countries. During this time, the governments' policies governing diarrhea prevention and treatment and their attention to the issue languished, and financial and technical support for the issue remained low across both countries.

In 2004, when new formulations of oral rehydration solution (ORS) and zinc—the two major treatments for severe diarrhea—were recommended for widespread use by the World Health Organization (WHO) and UNICEF, it became clear that country policies on diarrhea needed to be updated to make the medicines more widely available. At the time, zinc was a regulated drug in both countries, which meant that caregivers needed a prescription. The new, improved low-osmolarity ORS was scarce, and healthcare workers were not receiving training on new treatment guidelines.

Still, for several years after the WHO and UNICEF recommendations, the governmental health ministries in Cambodia and Vietnam delayed in revising



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their policies and drug guidelines, with the result that the medicines remained unavailable to caregivers and children suffering from diarrhea.

IMPLEMENTING THE STRATEGY

Health workers, NGO advocates, and scientists in both countries knew that they must influence their governments to prioritize the issue of diarrhea in the country so that new knowledge and medicines could reach communities. Beginning in 2008, PATH led separate but closely aligned efforts in both Cambodia and Vietnam to develop and implement advocacy efforts to revise and update the national policies for diarrhea.

Advocates focused on assembling a compelling case to the ministries of health that included a package of strong evidence on the new global policy recommendations, more effective treatments, the high burden of disease, and support among communities and potential partners. This evidence would be useful in informing the governments' policies and compelling action to increase access to ORS and zinc and better equip health workers to deal with the scope of the diarrheal disease problem.

Vietnam

In Vietnam, PATH tapped its existing relationships with health decision makers to concurrently advocate to, and partner with, the Vietnam ministry of health to develop policies that brought national guidelines up to date, made zinc and new ORS more available, and prioritized training and equipping health workers. By coordinating a group of partners that included the WHO, UNICEF, the National Pediatric Hospital, the ministry of health's Health Education Center, and the health department in Binh Dinh province, PATH created the momentum necessary to jump-start conversations within the ministry of health on the need to revise the country's policies and prioritize diarrheal disease.

In 2008, on the heels of ongoing conversations focusing on this package of evidence, the Vietnam ministry of health agreed to initiate a policy change process. In partnership with PATH, they convened a working group of advocates and country-based and international technical experts, including the WHO and UNICEF, to update national treatment guidelines for diarrheal disease and to ensure that zinc was added to the country's Essential Drugs List, which would ensure it was free through the public sector and covered by medical insurers. To ensure that NGOs and advocates retained a seat at the table, PATH continued to help facilitate each step of the process on behalf of the ministry of health. This included identifying partners with relevant expertise, convening meetings and providing technical support.

PATH and its partners knew that the new guidelines must be vetted among health workers and program implementers at the community level in order to be sustainable. To ensure the new policies would be adopted throughout the country, PATH and the working group collaborated closely with pediatricians working in hospitals in Binh Dinh Province to implement a pilot project based on the draft guidelines. During the project, the group trained local health care workers to put the guidelines into practice and provided routine supervision and evaluation. By incorporating feedback from communities into the policy change process, national experts were able to ensure that the policies would benefit caregivers and health workers, and provided additional incentives to finalize the policies.



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Cambodia

In Cambodia, PATH began by establishing an evidence base on diarrheal disease for policymakers, including a detailed gap analysis of the existing policy landscape and the latest research on diarrhea.

Next, PATH convened key partners—including Save the Children, World Vision, WHO, UNICEF, and local organizations like the Reproductive Health Association of Cambodia and the Reproductive and Child Health Alliance—to bring this evidence to the Cambodia ministry of health and develop an action plan to address the gaps and update the country’s relevant policies. After identifying key decision makers within the ministry of health, including the Director General for Health, the coalition offered their expertise as technical advisors and worked with the ministry of health to develop a process for updating and reviewing the guidelines. During this process, they advocated for specific recommendations, which included reclassifying ORS and zinc from prescription medicines to over-the-counter diarrhea treatments, and allowing village health volunteers to distribute ORS and zinc at the community level.

The group knew that, no matter how good the policies looked on paper, if they were not relevant to the health professionals and volunteers at the community level, they might never be formally adopted or implemented. So as the national process evolved, PATH simultaneously led a pilot project that tested the draft policy recommendations at the village level and gathered evidence to reinforce the need for policy revisions to support improved access to ORS and zinc.

Within the project districts, consultations and trainings with health facility managers, professional health care workers, and village health volunteers ensured that the revised policies and guidelines were understandable, appropriate, and feasible at the community level—a critical step to making a long-term impact. The process also reinforced to the Cambodia ministry of health that there was enthusiasm and support for the guidelines at the community level. Ultimately, the process built the political will to assure national health decision makers that communities were committed to implementing the new policy guidance.

ACHIEVING THE POLICY GOAL

Vietnam

In 2011, the policy advocacy process culminated with the Vietnam ministry of health’s release of its new Guidelines for Management of Diarrhea in Children, which updated the national prevention and treatment strategy to recommend combining new interventions like zinc and low-osmolarity ORS with proven interventions, including proper nutrition, hygiene, and breastfeeding. The policy also added zinc to the national Essential Drugs List, ensuring free public-sector availability and coverage by medical insurers.

Thanks to these new guidelines, today in Vietnam low-osmolarity ORS and zinc are included in daily practice for treating acute diarrhea among children across Vietnam. The head of pediatrics at Binh Dinh Provincial Hospital in Vietnam notes that diarrhea cases at Binh Dinh Provincial Hospital have diminished, which he attributes to greater awareness and improved treatment at the district and community levels. Other physicians in the same hospital have observed that the numbers of inpatients—and their stays—have decreased, while outpatient cases have increased, indicating improved treatment and declines in severe cases.



PATH’s 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH’s ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue.
- State the policy goal.
- Identify decision makers and influencers.
- Identify the interests of the decision makers and influencers.
- Clarify opposition and potential obstacles facing your issue.
- Define your advocacy assets and gaps.
- Identify key partners.
- State the tactics you need to reach your goal.
- Define your most powerful messages.
- Determine how you’ll measure success.

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyimpact>.

Cambodia

In December 2011, the Cambodia ministry of health launched its new national diarrheal disease policy. The new policy supports the use of low-osmolarity ORS and zinc as essential medicines to treat diarrheal disease. It also reflects the needs and perspectives of healthcare providers at all levels. Today, village health volunteers implement an integrated approach to tackling diarrhea and other childhood illnesses, including providing zinc and improved ORS at the first sign of childhood diarrhea.

FACTORS FOR SUCCESS

While each context required unique tactics and approaches to accomplish their goal, advocates in both Cambodia and Vietnam learned key lessons that played a role in success:

- **Partnerships provided a key to the momentum for policy change.** PATH worked closely with ministry officials to provide technical support and practical assistance, and reached out to partners with similar interests and areas of expertise to increase pressure on key decision makers for policy change. The varied interests and constituencies of the coalition allowed the effort to expand its reach and ultimately achieve success.
- **Assembling an evidence base was critical** in both countries to convince health decision-makers to prioritize the issue. The effort by advocates to assemble global and national data, and present this to experts, lent credibility and a sense of urgency to the policy change effort.
- **Gathering community support for the policy recommendations spurred momentum and increased sustainability.** Pilot projects in both countries allowed a “test run” of the new policies and also gave national decision-makers the assurance they needed that the policies would be implemented at the community level.



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