

diseases of poverty

It is not a coincidence that developing countries account for more than half of global incidences of infectious diseases. Lacking vital infrastructures and with a population weakened by malnutrition, developing countries have long been fertile grounds for infectious diseases.

The continuous rise in global cases of infectious diseases takes on a particular importance among health workers because of its socio-political, cultural, and economic dimensions. This is discussed in-depth in the editorial "The social burden of infectious diseases." The article also discusses the impact of the World Bank (WB) - International Monetary Fund (IMF)-implemented Structural Adjustment Program in the health programs of debtor-countries.

The article "The social impact of tuberculosis" further illustrates the dynamics between poverty and ill-health. It presents data showing the higher susceptibility of the poor, as well as their inability to treat tuberculosis.

One of the collateral damages of war is the collapse of public health care systems. The article "War and communicable diseases: a deadly duo in Iraq" explores this link. As millions of Iraqis sought refuge in shelters, conditions in these shelters take a turn for the worse. With overcrowding and the lack of sanitation facilities and potable water, sporadic outbreak of infectious diseases are quite common. Compounding the problem is the destruction of electric grids, which severely hampers the delivery of health care services.

Although infectious diseases mainly affects the poor, citizens of more prosperous nations are not immune. With global trade and commerce in full swing, the potential for a pandemic is at an all time high. The article "Revisiting lessons from the SARS outbreak" showed how global travel can spread the disease; but it also provided valuable lessons on how to better handle a possible pandemic.

The last two articles, "Sanitation is about people" and "Social marketing 101" shows how the adoption of social marketing principles can help ensure the success of a project.

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The social burden of infectious diseases

by Ross Mayor

The last century has seen tremendous stride in terms of medical knowledge. Medical pioneers have identified and isolated pathogens that could pose a pandemic. With the identification of these pathogens, researchers were able to gain a deeper understanding of its pathogenesis, as well as how to control it. Unfortunately, pathogens seem to be always a step ahead of medical advances.

Current and re-emerging diseases

Infectious diseases remain to be a leading public health concern, posing multi-dimensional challenges to the global community.

The burden of infectious diseases weighs heavily on developing countries. For instance, data from the World Health Organization shows that the southeast Asian region posted the largest number of new TB cases in 2005, accounting for 34 percent of all new cases globally. Sub-Saharan Africa, meanwhile, has an estimated incidence rate of 350 cases per 100,000 population. Malaria, on the other hand, is said to affect 500 million people a year. In the Western Pacific region, ten countries have been identified as malaria hotspots. The WHO noted that while malaria morbidity and morbidity rates have declined, the progress has been quite slow.

...the organization has even called poverty as the "deadliest disease."

Cases of drug-resistant strains are also on the rise. In 1994, Dr. Robert Breiman and his colleagues at the Centers for Disease Control reported that 6.6 percent of pneumococcus strains were penicillin-resistant, up from 0.02 percent reported by the Centers for Disease Control and Prevention between 1979 and 1987.

This compounds the burden of tuberculosis. The WHO estimates that eight million new tuberculosis cases are recorded every year, with two-thirds of new cases occurring in Asia. The failure to curb the rising incidences of multiple-drug resistant TB strain could lead to more drug-resistant TB (XDR-TB). Experts estimate that this might make the cost of treatment 200 times more expensive.

Diseases that have long been thought to be wiped out have also re-emerged, and possibly in a more lethal form.

In 2005, researchers reported that the Ross River virus may have re-emerged in Fiji after Canadian tourists who have visited the Pacific island fell ill from the virus. The virus first appeared in the island between 1979 and 1980, when it caused an epidemic that affected close to 500,000 islanders.

Emerging diseases

Every year, at least one disease is emerging, and any one of these new diseases might trigger a pandemic that would catch the global community ill prepared.

In 2003, the Severe Acute Respiratory Syndrome (SARS) first appeared in China. Baffled by the cases, Chinese health authorities initially attributed the cause of death to atypical pneumonia. By the time the disease was identified, SARS has already spread to other countries, killing close to 900 victims.

Experts are also keeping a close tab on avian influenza. Although the virus mainly infects birds, there have been a number of cases where the species barrier have been crossed. Indonesia has already reported 112 cases of H5N1 avian influenza, 90 of which were fatal.

Infectious disease as a social indicator

It is not a coincidence that infectious diseases are more prevalent in developing countries. Infectious diseases thrive in overcrowded areas where sanitation is sorely lacking and people are too underfed to develop a healthy immune system.

As such, the prevalence of infectious diseases is often linked to socio-economic issues. The WHO itself recognizes this vital link when it established the Commission on Social Determinants of Health in 2004. "By far the greatest share of health problems is attributable to broad social conditions. Yet, health policies have been dominated by disease-focused solutions that largely ignore the social environment," it said. In an earlier pronouncement, the organization has even called poverty as the "deadliest disease."

The causal relationship between poverty and ill-health has long been brought to the fore, starting with the Alma Ata Declaration. However, discussions of this nature always fall short when the topic shifts to the global economic order. After all, one cannot talk about poverty and ill-health without talking about the ill effects of unhampered capitalism.

Capitalism has indeed generated immense global financial wealth in a shorter period than the Industrial Revolution, but this wealth never did trickle down. A pioneering study conducted in 2005 by the Finland-based United Nations University – World Institute for Development Economics Research showed that in 2000, one percent of the world's richest adults account for 40 percent of global wealth. In terms of regional wealth distribution, 90 percent of the global wealth is concentrated in North America, Europe, and a few high-income Asian Pacific countries.

Far from the promise of a level playing field, capitalism has spawned a number of social inequities. With the dictum "let the market decide," key social services that have a direct impact on the people's health have either been privatized or commercialized.

Debtor-countries of the International Monetary Fund and the World Bank are required to implement the Structural Adjustment Program (SAP) as loan conditionality. Three components of SAP have practically reversed any improvements in the debtor-countries' public health care system. In debtor-countries, the imposition of SAP resulted in decreasing health budget, the collection and/or raising of fees in hospitals, and the privatization of certain services. In particular, the decreasing health budget leads to a deteriorating public health care system.

Halting the spread of infectious diseases requires more than technological advances and innovations. It requires political will to reverse an inequitable global order that leaves more than half of the world's population mired in poverty and susceptible to all forms of diseases.

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Fast Facts

- ◆ Two-thirds of new TB cases occur in Asia
- ◆ Cases of drug-resistant pneumococcus strains increased to 6.6% from 0.02%
- ◆ At least one disease emerges every year.

The social impact of tuberculosis

Tuberculosis has been the scourge of mankind since the age of antiquities. Today, it remains to be one of the leading public health concerns. The World Health Organization (WHO) said that in 2005, 8.8 million people contracted TB. Asia and sub-Saharan Africa accounted for 7.4 million of the reported cases. The organization said that the rate of spread of TB is one person per second.

The impact of tuberculosis is most felt by the poor. A study conducted by the Philippine TIPS and USAID showed that the risk of contracting TB is higher for those in the lower economic stratum; the risk for unemployed persons was four times higher than for those who work in the formal sector. In terms of income, those who have a household income of P20,000 (USD 476) and below were more than twice likely to have TB than those who have a household income of P80,000 (USD1,904) or above.

The susceptibility of the poor has many factors, foremost of which is the lack of financial means that would allow them to buy nutritious food and seek medical treatment when they are sick. The problem is magnified when it is the family breadwinner who is afflicted with the disease. In most cases, the patient would rather forego treatment because the cost would be an additional burden to the

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Fast Facts

- Every second, a person is infected with TB bacilli
- Every year, a person with an active TB could infect 10 to 15 other people.

income. Another result of the study mentioned above points to this reality. In explaining the higher incidence of TB in the informal sector compared to the formal sector, one of the reasons cited was that patients from the informal sector often continue to work.

In another study conducted by the Asian Development Bank, it showed that illnesses, especially tuberculosis, account for close to half of financial crises among poor Asian families.

Stigmatization

Tubercular patients often have to bear the added burden of discrimination.

Generally, the view is that TB only afflicts the poor. Thus, to be afflicted with TB is a cause for embarrassment since it reaffirms one's lowly economic status. Another factor that perpetuates the stigmatization of patients is the fact that TB is contagious. In the Philippines, for example, job applicants are required to undergo chest X-rays for screening.

TB and HIV/AIDS

The co-morbidity of TB and HIV/AIDS is another area of concern among public health experts. WHO estimates show that one-third of the 40 million people living with HIV/AIDS also have tuberculosis. Also, the risk of acquiring TB is 50 times greater for HIV+ people.

The double burden adversely affects the patients' families. At the Ministerial Conference on TB and Sustainable Development, Mr. Andre Roberfroid of the UNICEF said that around 300,000 Indian children have dropped out of school due to the impact of HIV/AIDS and TB in the family.

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War and communicable diseases – a deadly duo in Iraq

By Ms. Marion Birch

Wars exact a heavy toll on the people's health, as public health care systems collapse and vital infrastructures are destroyed.

The conditions created by war are often the same ones that help transmit infectious diseases. People being displaced, the collapse of infrastructure, and difficulties in accessing health care all play a part.

Many of the estimated four million people who have been displaced in Iraq are now living in cramped conditions where overcrowding results in the spread of infectious diseases.

A breakdown in water supplies and



Destruction of the electricity grid has affected the delivery of vaccines – the cold chain – vital for keeping vaccines potent. Now children are more vulnerable to diseases such as measles which they would normally be vaccinated against.

Those who stay when others flee are often the poorest, and they may be trapped in their homes for security

The collapse of the Iraqi public health care system and the destruction of vital infrastructures contribute to the spread of infectious diseases in the country.

percent. Iraq has seen in August 2007 the death toll borne in mind that the nation may not be able to break are occurring in conditions people are

reasons, which means they won't be able to get to a health center or hospital when they need to.

Health services not only have to deal with the extra workload, they are often directly caught up in the conflict, which is certainly the case in Iraq. If people do fall sick, the treatment becomes far more complicated. Supplies are intermittent and health workers often have to ask patients to buy medicines on the black market. Sometime it's too dangerous for health professionals to get to work or they may even be kidnapped by the warring factions. All this makes timely and effective treatment of infectious diseases difficult.

According to a 2004 Iraq Health Ministry study (conducted a year after the 2003 invasion), 'easily' treatable conditions such as diarrhea and respiratory illness account for 70 percent of deaths among children.^[i] This was in a country that in the early 1990s had one of the

most respected health systems in the Middle East. Of course there had been previous problems: the Iran/Iraq war, the first Gulf War and the eight years of sanctions. But a lack of electricity, clean water, good sanitation and the ability to move freely had clearly taken a devastating toll in the previous year.

It is difficult to talk about infectious diseases without considering the malnutrition that makes children in particular so much more vulnerable. In 2006 a senior official at the Ministry of Health estimated that 50 percent of Iraqi children were suffering from some form of malnutrition and that one child in 10 also had a chronic disease or illness.^[ii]

The economic breakdown that often results from war means that people have to take desperate measures to keep a minimum income coming into the family. Prostitution may increase and with it the risk of sexually transmitted diseases. Sex traffickers are reported to be targeting vulnerable Iraqi families, sometimes misleading them by

Revisiting lessons from the SARS outbreak

By Jerico Abila

The SARS outbreak gave a glimpse of the global community's preparedness in dealing with an emerging disease that has the potential to be the next pandemic.

In a time when technology seems to be reaching its peak, with modern medicine and treatments making headlines week after week, we are essentially made to believe that a promising healthcare is in place. That is, until new infectious diseases emerge and threaten not only people's health, but also international trade and global economies.

Five years ago, the outbreak of Severe Acute Respiratory Syndrome (SARS) claimed the lives of unsuspecting victims and presented a mysterious and formidable challenge for healthcare workers in Hong Kong and around the world. Originating in Foshan, in the Guangdong Province of mainland China, the mysterious disease quickly spread to Hong Kong, Taiwan, Singapore, Vietnam and even Toronto, Canada in a matter of months, infecting over 8,000 people and killing over 900 worldwide. It is a reminder that new infectious diseases can emerge anytime and that preparedness, responsiveness and openness in treating new

"...local health problems can quickly become global due to faster channels of intercontinental trade and travel..."

diseases are as important as the medicines and treatments themselves.

The SARS outbreak was pivotal in serving important lessons to the healthcare sector in how to manage and contain new and emerging infectious diseases. Its widespread international impact also made health officials aware that local health problems can quickly become global due to faster channels of intercontinental trade and travel. Hence, the need to have a swift and effective plan for controlling communicable diseases

such as SARS is critical—especially in a financial and business services hub such as Hong Kong that generates an enormous amount of international traffic.

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saying they will find domestic work for young women in neighboring countries. It is very difficult to get accurate figures, but it has been estimated that 3,500 women went missing between May 2003 and June 2007 and it is suspected that many of them have been traded for sex work.^[iii]

There are also rare diseases that tend to resurface when conflict strikes and normal preventive measures are disrupted. In Iraq leishmaniasis – spread by sandflies - had been confined to certain areas but in 2004 the Ministry of Health reported it was appearing in other areas as people migrated due to insecurity. The sandfly can be controlled by spraying, and bites can be prevented by repellents, but these things cost money and are harder to find during a conflict.

It must also be remembered that sufferers of chronic diseases such as diabetes are especially vulnerable. Following the 2003 attack on Iraq fewer than a quarter of all Iraqi diabetics had access to insulin^[iv].

During wars, there is always a major focus on the trauma, the gunshot wounds and the injuries caused by explosions.

Terrible as these are, out of sight of the cameras, infectious diseases often also take their own devastating toll.

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Photo courtesy of doctorsforiraq.org

Ms. Marion Birch is the director of Medact, a charity that campaigns on behalf of people whose health is compromised by war, poverty or environmental damage. See www.medact.org or contact info@medact.org

Mysterious symptoms

At the onset of the epidemic, SARS was a novel coronavirus with symptoms that baffled healthcare workers. Infected patients typically began with complaints of fever with accompanying chills, myalgia, headaches, malaise, mild respiratory problems or diarrhea. After three to seven days, patients would develop a dry, non-productive cough and experience shortness of breath. It was later discovered that the virus' incubation period is one to seven days and that it can be spread through droplets and contaminated body secretions. Before that, symptoms were not easily recognizable, and the different cases were only classified retrospectively as SARS after weeks had passed, when the virus was finally identified.

The first case of SARS was reported in November 2002 in Guangdong, China. However, news of the puzzling disease only reached Hong Kong when the media reported on a fatal pneumonia-like illness in the province on February 10, 2003. The following day, the Guangzhou Bureau of Health stated in a press conference that Guangzhou had been affected by an infectious atypical pneumonia for about a month, but that its patients were undergoing effective treatment and their conditions were under control.

The Hospital Authority in Hong Kong immediately established a working group to increase surveillance of pneumonia cases in public hospitals. Within weeks, more community-acquired cases of pneumonia were being reported in different hospitals. It was in mid-March 2003 that the index case of the outbreak at the Metropole Hotel in Kowloon Peninsula was identified as a doctor from mainland China, who infected 16 other hotel guests. It was these visitors who afterwards spread SARS to Singapore, Hanoi and Toronto. The doctor's brother-in-law, a resident of Hong Kong infected with the virus, underwent a lung biopsy, from which the microbiology team of the University of Hong Kong discovered the new coronavirus and identified it as the cause of the SARS infections.

The SARS Expert Committee wrote in its report that the discovery "paved the way for the development of a rapid diagnostic test and laboratory experimentation with therapeutic regimens. It also furthered human understanding of the virus through the work on genome sequencing and molecular studies." The committee, composed of international healthcare experts, was formed in May 2003 to independently review Hong Kong healthcare sector's management of the SARS epidemic.

In May 23, 2003, the World Health Organization lifted the travel advisory against Hong Kong, and in June 23, 2003 that the territory was finally taken off the SARS list.

Formidable challenges

In the report titled "SARS in Hong Kong: From Experience to Action", the SARS Expert Committee stated that health authorities in Hong Kong "acted reasonably on the information available, and pursued with due diligence a course of investigation commensurate with the evidence available at the time." WHO praised Hong Kong for its transparency in managing the SARS epidemic, citing three key decisions made by the Chief Executive of the Hong Kong SAR at its onset:

- Daily dissemination of information to the public;
- Precautionary measures advised regularly;

The outbreak imparted important lessons that can be incorporated in surveillance systems and/or epidemic preparedness plans:

- ◆ Establish a predetermined contingency plan in the event of an epidemic.
- ◆ Establish a clear line of command and control
- ◆ All hospitals should have in-house epidemiological experts whose functions include routine surveillance, preparatory response, and training.
- ◆ There should be a multisectoral cooperation, involving not just the healthcare system units, but the public, private, and business sectors as well.
- ◆ Their functions would include routine surveillance, preparatory response and training as well as maintaining a clear understanding of the skills needed across the healthcare system. A closer cooperation of units across the healthcare system—including hospitals, private and voluntary sectors, and business sector and organizations—should be part of the government's control plan for epidemics.

- The close cooperation of Hong Kong with international organizations and its willingness to seek expert help if necessary.

However, the committee made several recommendations based on the conclusion that there were some shortcomings in the healthcare system during early stages of the SARS outbreak.

A severe outbreak at the Prince of Wales Hospital, Chinese University of Hong Kong resulted in a total of 87 infected healthcare workers, 15 of which were from the medical department. It was concluded that the absence of a predetermined contingency plan in the event of an epidemic played a huge factor in the hospital's management of SARS. The committee also found that there was a lack of clarity about the respective roles of the Hospital Authority, the Department of Health and the university in communicating and deciding on control procedures.

It was recommended that a concrete and complete action plan for handling new and emerging communicable diseases be established so that outbreaks could be faced quickly and more efficiently, thus minimizing infections and deaths. A separate body should be formed that would have the "responsibility, authority and accountability for the prevention and control of communicable diseases," the report stated. In this way, a clear line of command and control would be established in the event of outbreaks of diseases such as SARS.

All hospitals should also have in-house epidemiological experts that will specialize in the control of infections. Their functions would include routine surveillance, preparatory response and training as well as maintaining a clear understanding of the skills needed across the healthcare system. A closer cooperation of units across the healthcare system—including hospitals, private and voluntary sectors, and business sector and organizations—should be part of the government's control plan for epidemics. Only an improvement in working relationships between the Department of Health and the Hospital Authority, and the private sector, universities and primary care can ensure a successful contingency plan against SARS and similar communicable diseases.

SARS left in its wake a number of deaths and painful lessons on the inadequacy of existing healthcare procedures, but perhaps an equally devastating effect of the disease was the social reaction met by SARS-infected patients. SARS patients and their families were often victims of discrimination due to inadequate knowledge of the disease, being ostracized from society and receiving salary cuts, in some cases. Efforts must be made to understand more fully the psychosocial impact on SARS patients and healthcare workers, and special relief funds must be raised to give financial support to affected families during their rehabilitation.

"A closer cooperation of units across the healthcare system—including hospitals, private and voluntary sectors, and business sector and organizations—should be part of the government's control plan for epidemics."

Hong Kong: Health vanguard

Although WHO praised Hong Kong's management of SARS, the organization acknowledged that the disease was especially difficult to control there due to its dense population and fluid boundaries with neighboring areas. Hong Kong provides major financial and business support services to mainland China and is close to Pearl River Delta, so cross-boundary traffic has increased significantly. Its strategic location as a doorway to mainland China makes it one of the busiest trade ports in the world.

Thus, Hong Kong has a key role in global health and the prevention of the spread of emerging infectious diseases. A consolidated contingency plan in the face of an epidemic can help Hong Kong to be an important vanguard of international public health, particularly with the important lessons its healthcare sector has learned with its experience in the management and control of SARS.

Sanitation Is About People

By Prime Sarmiento

Access to adequate water and sanitation facilities is a basic human right, a prerequisite to living a life with dignity. The absence of clean latrines and safe drinking water, as numerous studies have shown, brings water-borne and water-related diseases including cholera, typhoid and dysentery which won't only reduce one's quality of life but can be fatal as well.

Population growth, rapid urbanization, lack of government programs on health and sanitation and conflicts are just some of the many factors that keep a huge number of poor people from availing of basic sanitation and safe drinking water. According to data culled by the WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP), 2.6 billion people around the world have no access to basic sanitation. One person in six – or over 1 billion people – are drinking potentially harmful water. Such alarming situation has compelled both private and government agencies to spend time and money to build more water pumps and latrines.

The building of more facilities like wells, latrines and septic tanks will improve access to water and basic sanitation. But it should not end there, as infrastructures will be useless if no one is willing and/or knowledgeable of using them. Sanitation, after all, is about people - how they view sanitation and why is it important to them. In a paper she published in 2002, Isabel Blackett, former chief executive of Transparency International Australia and one of the renowned experts on sanitation, said "sanitation programs need to appreciate the complexity of personal and community issues around sanitation and defecation."

Jackie Dominguez, a Manila-based neurologist who has also done some community health work, suggested that the implementors (such as health workers and local officials) should be able to draft a sanitary program which is in sync with the local culture of the community, that it should be relevant to them. Otherwise, the people may not even bother to use the toilet that you built. She added that even before any sanitation program can start, the implementors should know the beliefs, knowledge and current practices of the certain community.

"Everything begins with a question that needs to be asked. One of the first things that they should ask is, what do cleanliness and sanitation mean to the people in the community," she said.

Members of the Shelter Associates, a Pune-based NGO working with the urban poor, asked a lot of questions before they even started what will eventually become a successful community-led toilet project in the 12 slum settlements in Maharashtra, India. In a story published April 2007 in the independent online news magazine *India Together*, freelance journalist Rasika Dhavse reported that Shelter Associates, together with other NGOs and community workers spent time gathering data and interviewing resident of the slum settlements

appropriate technology

Using guava leaves to detect metal contamination in water

Contaminated water is one important factor in the prevalence of infectious diseases such as cholera. This is a particular problem in developing countries where majority of the population has no access to potable water. Testing for water contaminants are available, but this can be quite costly.

However, in Clark Field, Pampanga, some residents rely on a cheap but effective way to check if their water is contaminated with metal traces. They put crushed young guava leaves on a water sample and check if the water would turn purple. A deeper shade of purple would indicate higher concentration of metal traces.

To validate the practice, Ms. Joanne Bajandi, a pharmacist, researched on the properties of guava leaves. It was found out that young guava leaves release tannin when crushed. The tannin reacts with metal traces, causing the water to turn purple.

While this method can only check for the presence of metal contaminants, it can alert the community to the fact that their water is contaminated.

The information that they got were used in drafting strategies suited to local communities. The Shelter Associates managed to build 103 shared/individual toilets being used by 135 families who actually appreciate and use these facilities. Some households also helped in building the toilets and even contributed some money to finance them.

The understanding of the local culture also helps in social marketing – something that any sanitation program needs in order to be widely accepted. By knowing how the members of that community live, implementors of sanitation programs can effectively communicate the importance of sanitation to the local community.

As Blackett explained, “like all of us, the poorest households usually make rational economic choices when given sufficient information and then faced with viable alternatives. Experience in many countries has shown that when communities or households are assisted to learn that improved sanitation and hygiene can lead to better health, and then provided with low-cost sanitation alternative, logical economic and sustainable choices about improving sanitation and hygiene practices are usually made.”

“...the poorest households usually make rational economic choices when given sufficient information and then faced with viable alternatives...”

Social marketing is one of the key factors behind the success of a sanitation program in a community in Ethiopia – one of the developing countries which has the lowest sanitation coverage. In 2003, only 4 percent of the total population of the Amhara region in Ethiopia has access to basic sanitation. But in 2005, thanks to social marketing, that number jumped to 90 percent.

“Increasing community knowledge and understanding of sanitation and its linkages to health created demand for improved services and resulted in behavior changes,” the JMP reported.

Because in the end, words like “sanitation”, “health” and “disease” are social constructs which have different meanings to different people. As Dominguez noted, “what may be sanitary to me, may not be sanitary to others.” And unless we take such differences into consideration, any discussion or programs meant to increase access to basic sanitation won’t bear fruit.

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Interview with Jackie Dominguez, September 2007

Social Marketing 101

In the social development scene, the success of any given project relies heavily on how the target audience perceives the project. Often, projects fail because these are too donor-dependent. The project itself is a product of what the donors/ implementers think the community needs, and not what the community actually wants and needs. No matter how well planned the project is, a community may shun it if they could not fully appreciate its impact on them.

And this is where social marketing can step in. Philip Kotler and Gerald Zaltman, who developed the concept, defined social marketing as a tool that “seeks to influence social behaviors not to benefit the marketer...but the target audience and the general society.”

Very much like a social analysis, social marketing seeks to understand the needs of the community first. It also explores other factors that may contribute to a community’s perception of a particular issue. The marketing aspect comes when project implementers take into consideration the four Ps of marketing. In the article “What is Social Marketing?,” Nedra Kline Weinreich enumerated the four Ps:

1. *Product.* This may refer to a physical product like condoms, a practice, services, or even a concept.
2. *Price.* This may refer to either the actual monetary value of the product or to what a person may contribute to obtain the product. In exchange for the construction of sanitary toilet facilities, for instance, the community may offer to construct the structures themselves.

With pricing, the emphasis is on cost-benefit analysis; if a person perceives that the benefits of using or utilizing a product are greater than the cost, he is most likely to buy it.

The Butterfly Brigade (BB), a group of sexual reproductive health advocates in Aklan (Philippines), was able to successfully implement its condom social marketing scheme by highlighting the fact that condoms can prevent the transmission of sexually-transmitted infections (STI). The target community was able to understand that buying a packet of condom is more cost effective than having to undergo medical treatment for STI.

3. *Place.* Place or distribution refers to where and how the target community can access the product.
4. *Promotion.* Product visibility helps create and sustain demand. Advocacy work and the distribution of IEC materials help promote a product.

In “Social Marketing: A Resource Guide,” a fifth P - politics - is added. Since health advocates also lobby for policy change, this fifth component is important. The fifth P focus more on how social marketing can help health advocates lobby with legislators and policymakers by utilizing the four Ps mentioned earlier.

There are other social marketing factors, but the most important thing to consider is that the target audience should eventually be made into active partners. More than the funding and the technical expertise, the involvement of the community will carry a project through. In the end, the empowerment of the target community is the best way to ensure the sustainability of a project.

What is the problem.

This step involves the identification of the problem, the needed action or behavior change, and the target audience.

Who are the main

players. In this step, the target community should be segmented. The segmentation may be based on their responsiveness, needs, or their power to influence the rest of the community.

Identify other factors (i.e; cultural, behavioral) that contribute to the target’s perception of the issue and how these can be changed.

Develop the project/ program intervention.

Based on the preliminary data, develop the appropriate intervention to achieve the goal. The principle of marketing mix (the four Ps) comes into play.

In this particular step, the inclusion of the community in the planning is helpful.

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12 Resource List

Effect Of Nutrition Improvement Project On Morbidity From Infectious Diseases In Preschool Children In Vietnam: Comparison With Control Commune *British Medical Journal* 1997;315:1122-1125 (1 November).

The study was conducted among pre-school children (6 years) in Vietnam. The objective of the study was to evaluate the effect of a nutrition improvement project based on home garden production and nutrition education on morbidity from acute respiratory infection and diarrheal disease in preschool children. One of the key findings include nutrition improvement is an effective strategy for infectious disease control in international and national development programs, especially in those countries where respiratory and diarrheal infections are the major cause of morbidity and mortality in young children. Download full text from www.bmj/cgi/content/full/315/7116/1122.

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Features articles providing information on the following topics: 1) The Immune Response to HIV; 2) Natural History of HIV and AIDS; 3) Post-exposure Prophylaxis; 4) HIV in South East Asia. Copies for fair use may be requested from HAIN.

AIDS in Asia : Face the Facts by E Pisani. 2004, *Monitoring the AIDS Pandemic*. 129 p.

Provides an analysis of the AIDS epidemics in Asia. Describes the evolving epidemic across the Asian continent, with focus on East, Southeast and South Asia, investigates the distribution of the virus and describes the behaviors that spread it. It does not attempt to give a comprehensive picture of the HIV epidemic in every country. Download from http://www.fhi.org/en/HIVAIDS/pub/surveys/aids_in_asia.htm

Thai Health 2006, Institute for Population and Social Research, Mahidol University.

The report describes the overall health system situation of the country and has a special focus on bird flu. The section comprehensively discusses the bird flu situation, its extent and impact – economic, environmental and geographic, and how the country is facing the challenge, including the government response. Copies may be requested from directpr@mahidol.ac.th, <http://www.ipsr.mahidol.ac.th>.

Conflict And Emerging Infectious Diseases Gayer M, Legros D, Formenty P, Connolly MA.. *Emerg Infect Dis* [serial on the Internet]. Volume 13, Number 11–November 2007

Detection and control of emerging infectious diseases in conflict situations are major challenges due to multiple risk factors known to enhance emergence and transmission of infectious diseases. These include inadequate surveillance and response systems, destroyed infrastructure, collapsed health systems and disruption of disease control programs, and infection control practices even more inadequate than those in resource-poor settings, as well as ongoing insecurity and poor coordination among humanitarian agencies. This article outlines factors that potentates emergence and transmission of infectious diseases in conflict situations and highlights several priority actions for their containment and control. Download from <http://www.cdc.gov/eid/content/13/11/1625.htm>

Influenza Virus Samples, International Law, and Global Health Diplomacy by DP Fidler, *Emerg Infect Dis* [serial on the Internet]. Volume 13, Number 11–November 2007

The author examined Indonesia's decision to withhold influenza A samples from WHO. The negotiations prompted the World Health Assembly to produce a resolution which involved complex and key international legal issues. The incident illustrates both the importance of and the limitations of international law in global health diplomacy. <http://www.cdc.gov/eid/content/14/1/pdfs/07-0700.pdf>

<http://www.answers.com/topic/infectious-disease?cat=health>

This site tackles the basic concepts of infectious disease, history, and developments in simple language. It cites McGrawHill, Oxford University Press, Elsevier and Wikipedia as its sources.

http://www.who.int/csr/disease/avian_influenza/en/index.html

This site covers real time updates, guidelines, recommendations and descriptions on avian influenza on the following key areas: 1) Guidelines; 2) Diagnosis and treatment; 3) Food; safety; 4) Infection control; 5) Surveillance and 6) Vaccines and antivirals.



Source is an international information support centre providing free online access to 25,000 comprehensive references to information sources and organisations in the fields of international health and disability issues, with links to full text resources provided where possible. The focus is on grassroots information from developing countries, and subjects include HIV/AIDS, primary health care, poverty, disability and development, evaluation, training, health communication, and information management. Search Source at www.asksource.info

HEALTH ALERT ASIA - PACIFIC is a quarterly newsletter on health and development issues published by Health Action Information Network (Philippines) in collaboration with Healthlink Worldwide (UK).

Editorial Staff

EXECUTIVE DIRECTOR	Edelina P. Dela Paz
MANAGING EDITOR	Joyce P. Valbuena
ASSOCIATE EDITOR	Ross M. Mayor
RESOURCE CENTER COORDINATOR	Noemi B. Leis
LAY-OUT	rmayor_44@yahoo.com
COVER GRAPHICS	RJ Ilusorio

Subscription details

If you would like to be put in the mailing list to receive Health Alert Asia - Pacific, please write to:

Health Action Information Network (HAIN)
26 Sampaguita St., Mapayapa Village II
Brgy. Holy Spirit, Quezon City
1127 Philippines

Telefax: (63-2) 952-6409

Email: hain@hain.org

Website: www.hain.org

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