

# Oral Rehydration Therapy

International Seminar on Communication and Social Mobilization for the Universalization of the Use of ORT



unicef

Recife, Brazil, 30 August - 01 September 1995

## A Brazilian experience

# Seminar promotes social mobilization on ORT

In order to study the Brazilian experience in social mobilization and communication, and to have an interchange of participant countries' experience, in accelerating the achievement of 80% ORT use, fifty professionals from eleven different countries attended the **International Seminar on Communication and Social Mobilization for the Universalization of the Use of ORT**. The Seminar was held in Recife, from August 30 to September 1, 1995. The participants from Brazil, Colombia, Ethiopia, Guatemala, Mexico, Nicaragua, Pakistan, Panama, South Africa, USA and Venezuela represented media, governments, NGO's, professional associations, business sector and UNICEF offices.

The specific objectives of the Seminar were to learn from the Brazilian communication and outreach strategy which is in place, the role and work of key partners, and ORT campaign implementation; learn from the case of the Child Defense Group, a multidisciplinary and multisectoral team, which has been an effective mechanism for involvement of the media and communication community in large-scale IEC activity; study the

Diário de Pernambuco



Governor Miguel Arraes, Agop Kayayan, UNICEF representative and Nyi Nyi, UNICEF Advisor.

functioning and organization of community health agents, a government programme whose work has greatly contributed to the achievement of current levels of ORT use; study the Child Pastorate, a church-based volunteer body, in using ORT as an entry point for other child health interventions in reaching especially vulnerable communities; and articulate the potential roles of the business sector in reaching child health objectives. ORT in particular, and initiate dialogue on plans of action at country level.

For three days, the participants had the opportunity to debate various themes according to an established Agenda (see page 2), participate in working groups and panel discussions and visit critical areas where ORT programmes were under implementation. They considered that the experience carried out in Pernambuco with the democratization of actions and society involvement contributes to reduce infant mortality and should be extended to other regions of the world.

## Contents

### ORT/unicef

#### A Word From the Publisher

The seminar agenda	2
The Recife initiative	3
The Child Pastorate	4
Media and social mobilization	5
ORT chart	6
A Brazilian experience	7
The Community Health Agents Programme	8/9
A Pakistan experience	10/11
Brazil at a glance	12

## The Recife Initiative and Commitments

The participants in the International Seminar on Communication and Social Mobilization for the Universalization of the Use of ORT, recognizing that:

1. Diarrhoea is accountable for 25% of the deaths of children under five, in the world (3 million deaths per year, or 8.000 per day);
2. Oral rehydration therapy is the most effective and efficient way to prevent almost all of such deaths, and therefore represents the best scientific alternative for many countries in the world; continued feeding is essential;

3. The goal of reaching 80% use of ORT in 1995, and the goal to halve the deaths caused by diarrhoea by the end of the century, have been ratified by all regional and global meetings of Heads of State in Latin America, Africa, Asia and the Middle East;

4. Coverage of ORT has expanded from almost zero in 1980 to one third in 1990, and two thirds in 1995; this

Continued on page 3



## A word from the publisher

# Brazilian projects are an example to be followed

For three days, professionals from eleven different countries attended the **International Seminar on Communications and Social Mobilization for the Universalization of the Use of ORT**, held in Recife, capital of the State of Pernambuco, Brazil, from August 30 to September 1, 1995.

The Seminar had as a purpose to study the Brazilian experience in social mobilization and communication and to promote an interchange of experience among participating countries in accelerating the achievement of 80% ORT use.

The participants had the opportunity to debate various themes, participate in working groups and panel discussions and visit critical areas where ORT programmes were under implementation. They concluded that the experience carried out in Pernambuco with the democratization of actions and society involvement contributes to reduce infant mortality and should be extended to other regions of the world.

Consequently, UNICEF is recommending the implementation of public health projects to Third World countries such as those developed in Pernambuco, particularly the



Photo: CHAP

The Community Agent disseminates basic health information to low-income families.

Community Agents and Family Health programmes and emphasizing the importance of social mobilization for the success of the programmes.

Seminar discussions also stressed that any infant mortality reduction project should be based on alliances established with the Government, the Church, labor unions and NGOs. In addition, mobilizing society, with support from the media, was considered another essential initiative which has been successfully adopted by

UNICEF to stimulate the reduction of infant mortality rates in Brazil in the past ten years.

Together, all these factors resulted in an ongoing social mobilization effort to raise public awareness besides promoting low-income communities access to basic information on child health and to low cost technologies of proven effectiveness which have already saved many lives in Brazil's poorest areas. This is, therefore, an example to be followed.



## Oral Rehydration Therapy

International Seminar  
on Communication  
and Social Mobilization  
for the Universalization  
of the Use of  
Oral Rehydration Therapy  
30 August - 01 September 1995  
Recife - Brazil

Published by the  
Communication/Information  
Sector of UNICEF/Brazil  
SEPN 510 - Bloco A  
Ed. INAM - 1º Andar  
Telephone (061) 340.1212  
Telex 61-1181 uncf-br  
Fax (061) 349.0606  
e-mail: [brasilia@unicef.org.br](mailto:brasilia@unicef.org.br)  
P.O. Box 08584  
70750-530 - Brasília/DF

Editor: José Humberto Fagundes  
Design: Mário Rodrigues  
Dia Dois Comunicação  
(061) 223.6945

## The seminar agenda

### 30 August 1995

- **Opening Session**
- **Panel Discussions**  
Social Mobilization - A Strategy for the Universalization of ORT in Brazil
- **Lectures**  
Control and Social Participation Mechanisms in the Health System  
The Control of Diarrhoeal Diseases within the Institutional Perspective  
Community Involvement in Social Mobilization  
Inter-institutional Articulation as Part of Social Mobilization  
Social Participation in the Follow-up of the Goals Established by the World Summit for Children

### ■ Panel Discussions

- Media, Information, Education and Social Communication
- **Lectures**  
Advertising for Health  
Television for Health  
Child Hope Project  
Interpersonal Communication  
Radio for Health  
Communication, Development and Child Health  
Group Work on Panel Discussions

### 31 August 1995

- **Field Visit:**  
Community Health Agents Programme  
Group Work on Field Visit
- **Panel Discussions**  
Commercialization of Oral

Rehydration Salts (ORS) by the Private Sector and the Government

### ■ Lectures

- The Reduction of Infant Mortality Project  
Group Work on Panel Discussions

### 1 September 1995

- **Field Visit:**  
Child Pastorate Programme  
Group Work on Field Visit
- **Panel Discussions**  
Countries' Experience
- **Closing Session**



## The Recife initiative

(from page 1)

improvement in ORT coverage has caused a decrease of one million deaths of children under five in developing countries; but still much needs to be done;

**5.** The opportunities created by broadening the participation of the civil society in the social development process as well as the private sector potential for involvement remain largely untapped in most countries; national alliances for ORT promotion with participation of the private sector have clearly demonstrated enormous comparative advantages;

**6.** The Brazilian strategy of social mobilization could be adapted to the situation of other countries, since it demonstrates in practice the advantages of coordination between government, NGO's and private sector for policy implementation and action in favor of children;

*The involvement of Churches and NGOs in the dissemination of ORS is essential.*



The solution is salt and sugar.

### Have agreed to continue, maintain and expand:

**1.** The coverage of ORT to at least 90%, reaching the goal of reducing to half the deaths by diarrhoea by the year 2000; an essential step to reach the World Summit for Children goal of decreasing under five mortality rate (U5MR) and



Mother learns how to prepare the homemade solution.

infant mortality rate (IMR) by one third, or an IMR of 50/1000 or U5MR of 70/1000, whichever is lower;

**2.** Capacity building in coordination with intensive social mobilization efforts; including support to the development of the necessary institutional infrastructure are all essential elements to sustain the progress attained;

**3.** The commitment of all political levels of the society to stimulate the necessary action for the achievement of these goals; and the use of the great potential of the current transition towards health sector reform, decentralization, and democratization for empowerment, awareness raising and accountability of decision makers;

necessary work to improve legislation and policy making in order to facilitate the active involvement of private sector;

**5.** The use of all forms of information, education and communication to improve the capacity of mothers, fathers, care takers and families to use ORT and continued feeding during diarrhoea as well as correct use of drugs, to support reduction of infant and child mortality;

**6.** The building of an international network as a consultative group to provide the necessary support to this effort;

*Low-income communities learn how to prepare and use ORS against diarrhoeal diseases.*

### And declare that:

**1.** Similar strategies could be used successfully to approach other difficult social problems such as basic education, malnutrition, water and sanitation, maternal mortality, childhood deaths produced by acute respiratory infections and perinatal causes, and increasing incidence of HIV/AIDS;

**2.** All these efforts must be based in the context of the broader interest of children and the implementation of the Convention on the Rights for the Child.

**Recife, September 1st, 1995**



## The Child Pastorate

# Programme is a model for community health training

Stimulated by UNICEF, the Catholic Church initiated in 1984 a basic health actions project - the Child Pastorate - to encourage and promote the current struggle against the deaths of Brazilian children. Approximately 64,000 children die every year as victims of dehydration in the poor areas of the country and the National Council of Brazilian Bishops (CNBB) therefore decided for the implementation of the National ORT Programme. The goal of this initiative was to accelerate the dissemination of the homemade solution already used by the Child Pastorate Project, the ORS packets and the cereal-based solutions.

**The National ORT Programme** was planned in two phases. The first one had as objectives to disseminate and popularize the home-prepared salt and sugar solution; provide recognition to those communities already using it; enlarge the Child Pastorate Project; and bring together and commit other social sectors. The second phase was designed to

reinforce ORT dissemination; increase the use of cereal rehydration solutions; intensify knowledge and practices, especially concerning nutrition; initiate educational and preventive radio programs; and consolidate the Child Pastorate Project.

**The utilization of the Child Pastorate structure** allowed the mobilization and the involvement of the Catholic Church as a whole. This included 236 dioceses, 8,000 parishes and approximately 100,000 ecclesiastic communities. In the second phase, the National Coordinating Group was formed through strategic alliances among the Child Pastorate, UNICEF, the Brazilian Pediatric Society, the Ministry of Health, the National Advertising Council, the Globo Television Network, the Health Pastorate and the Catholic Radio Network. This initiative enabled the creation of technical, communication and interinstitutional groups specifically trained. Educational and mobilization

## Achievements

**The National ORT Programme has so far obtained the following results:**

- Dissemination and popularization of information regarding the utilization of sugar and salt solutions for the prevention of dehydration.
- Enhancement in the credibility of a technique which was already being practiced.
- Legitimation of a new practice to the general population.
- Outstanding reduction of hospital admissions.
- Improvement in the rate of adequate community solutions preparation through the Child Pastorate Project.
- Mobilization of various sectors of society with the participation of the press, radio and television networks.

Photo: Child Pastorate



*The dissemination of the homemade solution is part of a Brazilian nationwide strategy.*

material were provided to the dioceses, parishes and other entities. Among them were 10.5 million measuring spoons, 13.5 million leaflets, posters, fliers and communicator's booklets, as well as spots and jingles

for all television and radio networks.

## Perspectives

Future actions should give emphasis to the following recommendations based on the National ORT Programmes's experience:

- **the same participation methodology** should be applied by government agencies and NGOs and used for the popularization of other basic health measures.
- **the ORT Programme should** serve as a model for a permanent training program on primary health care for mothers and communities.
- **the Programme should** serve as a model to provide incentives for impoverished populations to demand basic sanitation, health services, education and a better life quality.

## Challenges

**The lack of qualified personnel in some dioceses** is a constraint for the development of the Programme's full potential. Much work still needs to be done in order to obtain total support from medical professionals. A significant portion of pediatricians and clinicians remain uninformed or reluctant in accepting the use of ORT. This is particularly true for homemade solutions since antidiarrhoeal medicines are still much in use and many of them are advertised on radio and television.

**The Programme is concerned** with the fact that mothers must understand the simple process by which dehydration occurs in

order to ensure good ORT practices. Early detection of dehydration and the need of rehydration within one hour of the first diarrhoeal discharge is stressed. Training comprehends helping activities, such as demonstrating the simplified process of diarrhoeal dehydration using Werner's self-explanatory model (gourd baby); introducing the practice within the community according to their religious and cultural settings through activities such as songs, poetry and drama performances; referring to examples of ORT successes in the community; and using professionals and personalities through the mass media to legitimate the practice.

## Media and social mobilization

## Joint actions provide access to basic information

**M**obilizing society, with support from the media, has been one of the successful strategies adopted by UNICEF to stimulate the reduction of infant mortality rates in Brazil. Estimates indicate that approximately 250,000 Brazilian children die every year. The cause is to be found in poverty, illiteracy, extreme disparities of income, low wages, unemployment, lack of clean water and basic sanitation and other problems. Most of these premature deaths occur however because parents do not have access to basic information on child health and, therefore, to low cost technologies of proven effectiveness to avoid this tragedy.

### Agreement

With a view to finding a solution to this suffering, and in an attempt to guarantee millions of children and adolescents survival with dignity, UNICEF signed an agreement with the Brazilian Association of Radio and Television Stations (ABERT) which calls for

joint action to mobilize the communications media (radio and television) to conduct support programmes for the survival and development of children and adolescents. Through the agreement, ABERT provides support for the organization of training courses for radio and TV communicators, in a joint action with UNICEF. The objective is to develop communication and information activities on behalf of children and adolescents, programmed as a priority goal for the North and Northeast of Brazil. Approximately 2,500 communicators have already been trained and the medium term expectation is that this initiative will make an effective contribution toward assuring conditions for survival with dignity to the Brazilian children and adolescents.

### Publicity

A member of the National Publicity Council, the publicity agency PROPEG has supported UNICEF and its counterparts in the



Photo: CHAP

*Support from the media is essential to raising children awareness.*

creation, production and broadcast of a number of mobilization campaigns for children and adolescents. Jointly with the Association of Radio and Television Stations of Pernambuco (ASSERPE), which is affiliated to ABERT, the agency created in 1995 a social awareness raising campaign related to child mortality. The "Alive Child

Northeast" campaign mobilized the whole sector of graphic and audiovisual production in the State of Pernambuco as well as the media in all Northeastern states. Such initiatives are intended to contribute to the goal of infant mortality reduction and the dissemination of low cost technologies to save lives throughout the country.

## Child and Hope

Another important initiative carried out with UNICEF support is the "Child and Hope" campaign produced by the Globo Network along the past eleven years. Globo TV is the leading network in the country and this campaign has the purposes of raising the awareness of the population and authorities on the situation of children

and youth; calling the attention to their rights, especially those guaranteed by the Constitution, and pointing out solutions for their problems; and raising funds through a telethon campaign for UNICEF to invest in child assistance programmes in Brazil. The amount raised along the years reaches US\$ 22 million.

Photo: Lucas Cravio

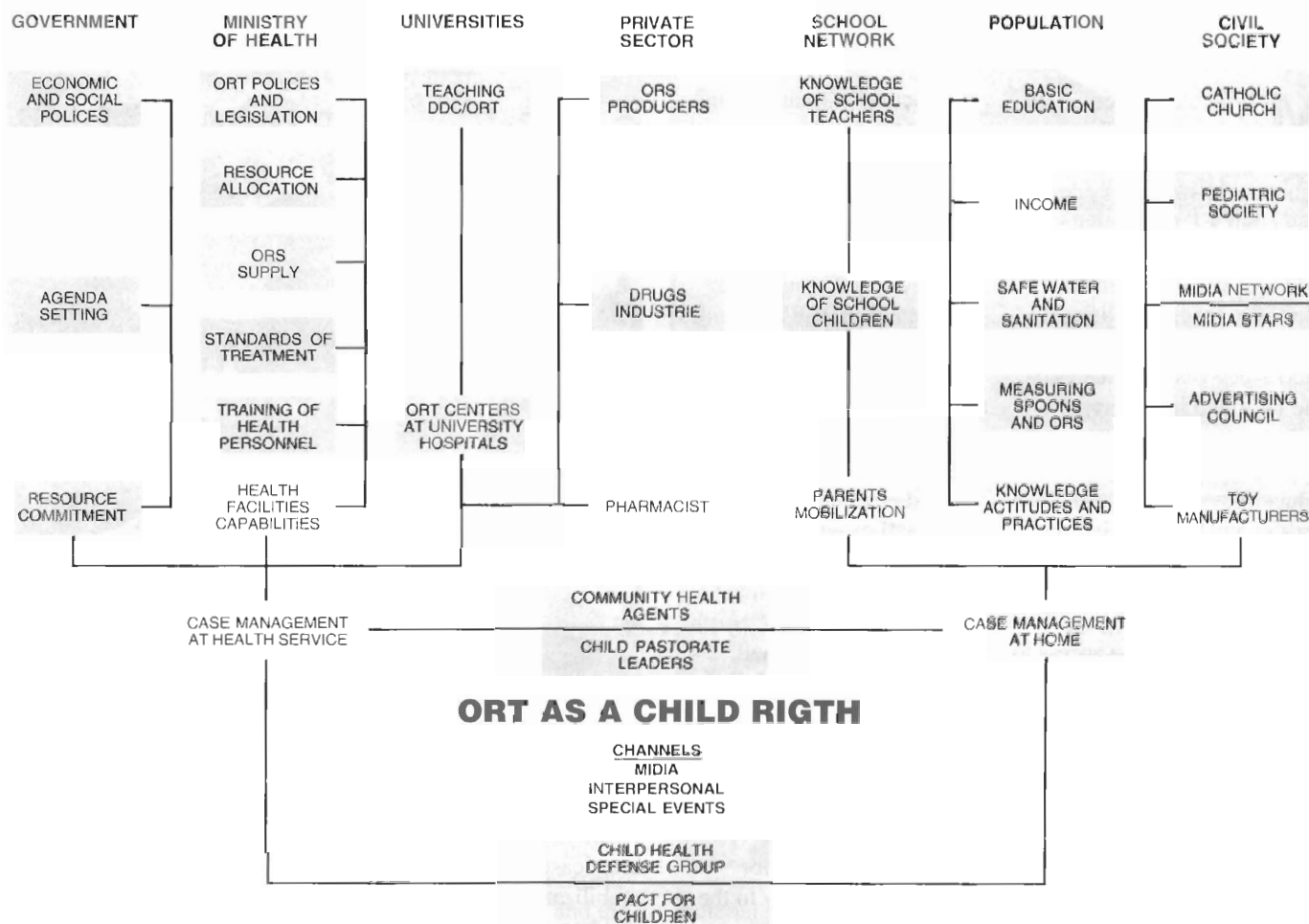


*The lack of clean water greatly contributes to premature deaths.*



## ORT as a child right

## How Brazil has been mobilized to struggle against diarrhoea



## Significant numbers

**Dehydration** as a consequence of diarrhoea was the second greatest cause of infant mortality in Brazil in 1980.

In the **Northeastern** region of the country, diarrhoea accounted for more than 29,000 deaths of children representing approximately 80 deaths per day or one per 20 minutes.

In 1990, it was the fourth main cause of deaths representing 14% of infant mortality. The first three were perinatal, respiratory infection and others.

It is estimated that 250,000 children were saved during the 80's mainly due to the use of the Oral Rehydration Therapy.

In 1991, the use of the Oral Rehydration Therapy reached 69%. The goal for 1995, according to the World Summit for Children, is 80%.

## Improvement factors

■ **Social mobilization** was a determining factor to strengthening the community by enabling them to search for alternatives in order to face and solve their own problems. They became aware of their rights, demanded improved attention and were, therefore, successful in the search for citizenship rights despite political changes experienced during the 80's.

■ **The Community Health Agents** played an important role. As a consequence of community mobilization, this concept stimulated the Ministry of Health to disseminate this service to all Brazilian states.

■ **The alliance of institutions** representing various sectors of society enabled the creation of the Child Health Defense Group in 1987 and the establishment of a national policy for ORT use and an overall communication strategy which included the utilization of mass media and individual approach by community agents.

■ **Local and national efforts** were supported by a monitoring and evaluation system which, together with the Situation Analysis produced by UNICEF, have been used as parameters in approaching new challenges.

## A Brazilian experience

# The joy of surviving without depending on miracles

In the past decade, an estimated quarter of a million children have experienced the joy of surviving in the poorest areas of Brazil. There were no miracles, but simple and effective actions, particularly the massive use of ORT and a sound mobilization and communication strategy based on the mass media and the individual efforts of community health agents. This was the key to a significant decrease in infant mortality rates caused by diarrhoea related dehydration. Legitimized by an alliance formed by the government, NGOs and mobilized communities, this initiative generated a feasible and reliable policy for the dissemination of ORT.

**Dr. Monica Sharma,** UNICEF Senior Advisor for the Control of Diarrhoeal Diseases, and one of the participants of the Recife's International Seminar, considers that "Brazil has managed to create a wide social umbrella which included the private sector, the government, the Church, the media and the communities. It is a country that is able to look at both the large and small pictures, and actually take action."



*The importance of continuous breastfeeding is emphasized as an essential step to ensure a healthy life.*

## Social mobilization and alliances make the difference

UNICEF is recommending the implementation of public health projects to Third World countries such as those developed in the State of Pernambuco, Brazil, namely the Community Agents and Family Health programmes, and emphasizing the importance of social mobilization for the success of the programmes. Agop Kayayan, UNICEF Representative in Brazil, believed that the Seminar on ORT held in Recife enabled a sound exchange of experiences among participating countries, but stressed that any infant mortality reduction project should be based on alliances established with the Government, the Church, labor unions and NGOs.

**Strategy** - During the Seminar, Miguel Arraes, the Governor of Pernambuco, also said that fighting mortality should not be an isolated government struggle

but part of a strategy involving society in general. According to the Governor, social disparities and lack of access to clean water and basic sanitation greatly contribute to aggravate the problem. Two thirds of Recife's 1.3 million inhabitants do not have quality water or sanitation and, therefore, the use of Oral Rehydration Salts becomes an essential tool to ensure children's survival.

**Objective** - Despite recent programme achievements such as the Community Health Agents, a great deal still needs to be accomplished. In the words of Dr. Monica Sharma, UNICEF Senior Advisor, "our objective here is to guarantee that the alliances are maintained and to work on the unfinished job." Although the lives of one million children are being saved throughout the world every year as a consequence

of massive ORT use, three million still die during the same period due to diarrhoeal diseases. According to UNICEF data, diarrhoea is responsible for 25% of infant mortality in Pernambuco and for the death of 80 children per day in the Northeast Region.

**Poverty** - Sharp disparities in the distribution of wealth and the lack of access to basic preventive information definitely contribute to aggravate the situation of children in developing countries. Revelians Tuluhungwa, Ethiopia's representative at the Seminar, revealed the dark side of such distribution when stating that "poverty has different causes. Here, in Brazil, it is caused by the political and economic structure. In Ethiopia, poverty is caused by an absolute lack of money in the absence of wealth to be distributed."



*Newlyborns require special care.*

## The Community Health Agents Programme

## Society participation improves social control measures

The Community Health Agents Programme (CHAP) is a initiative of the Ministry of Health and of the National Health Foundation based on a strategy to fulfill a deficient demand in primary health care and ensure priority assistance to mother-child groups. Its implementation was initiated in 1991 in the Northeast Region following successful experiences carried out in six different states and suggestions from the National Community Health Agents Movement and the Community Leaders Programme of the Child Pastorale.

In 1993, the Municipality of Recife adopted the programme in order to introduce in each domicile health actions of a collective nature to monitor the population's health and, at the same time, to enable this population to exert its influence on the health system. Society participation represents a progress in relation to the traditional social control measures enabling individual citizens and their families to recognize in the information disseminated by the Community Health Agents that health is a benefit to be conquered through the improvement of life conditions.

### How it works

The Community Health Agents Programme stimulates and develops health promotion and educational activities together with the population through the Community Agents and with the support of the municipal health



Community Agents use any means of transportation available to disseminate information and technology.

system; it collaborates in the organization of the community to deal with health problems; it improves the access to health information; it strengthens the connection between health services and the community; it guarantees the integration of the work performed by the Community Health Agent with the health unit to which he is subordinated; and it trains Community Health

Agents to execute first-level health care activities contributing to the extension of primary health care to those who most need it and lacks essential information.

### Who is the agent

The Community Agent must be living at least for two years in the community where he is going to work; be 18 years old or over; had completed elementary school

or at least know how to write and read and be available to work eight hours a day. Besides domaining basic health actions techniques, should be able to understand his community and its problems and stimulate the search for better health conditions.

The Community Agent develops his activities through regular visits to families living in the area under his responsibility totaling from 150 to 200 visits per month. In domiciles having pregnant or parturient women or children under the age of five more frequent visits will occur.

The Recife's Community Health Agents Programme has as a basic characteristic the integration with all other programmes of collective interest such as the combat to cholera and dengue, attention to undernourished children and women with risk pregnancy, follow-up of newly-born facing risks during the first year of life, tuberculosis control, etc.

### Achievements

The Community Health Agents Programme was initiated in 1993 and has so far selected and trained 800 agents who presently work in 164 communities. Today, 640 agents are in activity and 230 are being trained. Some of the actions developed by the agents have provided the following results:

- 92,000 families are visited every month.
- 67,314 children from 0 to 5 years are monthly monitored.
- 85% of children from 0 to 5 years are receiving basic vaccines.
- 32% of children in the first three months of life are being breastfed.
- 90% of children having diarrhoea use ORT.
- 6% of children assisted by Community Agents had diarrhoea, 100% of them were monthly monitored and 96% use ORT.



# Partnership is essential to overcome disparities

The 1991 Census reported more than 7 million inhabitants living in the State of Pernambuco, out of which almost 3 million in the metropolitan region of Recife. Approximately 35% of total state population live below the poverty line. Recife have experienced a disorderly process of development and the urban and economic activities did not grow accordingly to absorb the demanding migration. As a consequence, major socioeconomic problems were created, such as the lack of housing,

inadequate education, one of the country's highest unemployment rates and an increased crisis in the health system.

However, Recife counts with a significant number of popular associations which have a large experience accumulated in the institutional interaction with the municipal power, NGOs and local businessmen. These associations have participated since 1993 in the implementation of the Health Agents Programme which is financially supported by UNICEF.

## Training of agents

The Programme contemplates two different phases: the training of agents and monitoring, supervision and evaluation. Training activities give emphasis to an integrated education and practice aiming at stimulate a critical awareness of the possibilities to improve in a short period of time the health patterns of the population through simple and low-cost initiatives.

Monitoring, supervision and evaluation activities are developed by an instructor/supervisor and by the Sanitary District coordinator. Monitoring and supervision are daily activities carried out at the community by the instructor/supervisor who visits the domicile together with the agent and whose attributions include the preparation of monthly reports. Monitoring and evaluation meetings are periodically organized with the participation of the community agents. Instructors/supervisors have their activities coordinated by the Programme's coordinator.



The agent strengthens the ties between the community and the health services through regular visits.

Community agents promote health and educational initiatives to reduce infant and child mortality

## Actions involve a sound community organization

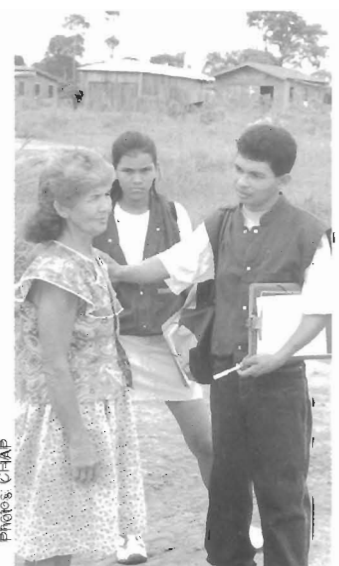
The Community Health Agents Programme has so far developed the following actions:

- **Permanent** encouragement to community organization;
- **Participation** in the community daily life, particularly through the associations in order to stimulate the discussion of issues related to the improvement of life quality;
- **Strengthening** of ties between the community and health services;

- **Providing information** to health staff related to the community's availability, demands and social dynamics;
- **Community** guidance for the adequate use of health services;
- **Registration** of all families living in the area covered by the Programme;
- **Registration** of births, diseases, deaths and epidemiologic surveillance activities;
- **Execution** of basic health actions and activities

within the Programme's capabilities;

- **Monitoring** of pregnancy and breastfeeding;
- **Encouragement** to breastfeeding;
- **Monitoring** of child growth and development;
- **Control** of diarrhoeal diseases;
- **Control** of Acute Respiratory Infections;
- **Guidance** to feeding alternatives;
- **Promotion** of health education.



Support means a better future.



## A Pakistan experience

# The role of private corporations in achieving social objectives

By Haider Karrar\*

Let me start this article with a comment by a famous Economist, Robert Solow that, when private corporations claim that they are performing an important social function, they are not lying one hundred percent.

Whether private corporations should or actually do participate in the achievement of social objectives is a long debate. Robert Solow's comments fit into the middle off this controversy. On one extreme, we have Prof. Milton Friedman's famous dictum that the only social responsibility of a corporation is to maximize profits. According to this school, it is Adam Smith's so called "Invisible Hand" that finally leads to a betterment of everyone or social welfare while individuals are only concerned with their personal welfare. On the other extreme are those opinions in which corporations are blamed for all modern day economic and social evils. According to the second school, corporations operate in a purely selfish manner being concerned with their own benefits only, which in many or most cases is against the interest of the society.

The real world perhaps is a mixture of all this. While there are cases where corporations have worked to the detriment of the society and environment for personal gains, there are also plenty of cases where various corporate functions have resulted into great social benefits for the society. In saying this, I am not exactly thinking about the philanthropic activities which they might undertake, keeping "charity separate from Business". Here I am actually thinking about

corporations which in the normal course of their activity are doing things and performing functions which lead to great social benefits to the society. There are so many areas and so much of common ground, where private companies like to participate in the achievement of public social objectives for a variety of reasons.

*Corporations are under tremendous moral, social and economic pressure to take a close look at their activities and its effects on society.*

### The changing environment

In the last 3 to 4 decades, the business environment has changed drastically all over the world. The traditional dividing walls between private and public sectors are fast breaking down. Secondly, today's consumer is far better informed and far more concerned about the positive and negative externalities of various industrial activities. There are Consumer and Environmental groups emerging everywhere who are keeping the people informed as to the benefits as well as harmful effects of various products and industries from acid rain or global warming to lead in the automobile exhaust etc.

Coupled with this, there is ever increasing importance of the industry in deciding our life styles, consumption pattern, government policy and to some extent social

norms. The corporations are therefore under tremendous moral, social and economic pressure to take a close look at their activities, and its effects on the society. With transglobal corporations operating in various countries, the need to be sensitive to the social goals of a particular country is also very important. Finally they should take a very close look at the expectations that the society has from them.

These expectations are the society's benchmark on the basis of which they pass a judgement on these corporations. Putting all of these facts together, a corporation can have a fairly good idea, as to what it takes to be a good Corporate Citizen in that particular industry. With a much better informed public, this issue has never been as important as it is today.

From another point of view, corporations have a tremendous advantage over government and other organization. They have an expertise which is special to them because of their closeness with the consumers and the sensitivity they have for their attitudes, habits, likes and dislikes. In other words, they know far better than others what people like and what they will do or even how they can be persuaded to act in a certain manner without the use of government's authority. Since various industries have particular specialized expertise, they are specially suited for performing their role in achievement of national objective in that particular area. These things actually come instinctively to a good corporation. Given this fact, their responsibility to take an initiative and play a positive

role in the achievement of national objectives is enormous.

*The modern day challenge is how to develop a business proposition in such a way that the social objectives are also achieved.*

### The big challenge

This then becomes the biggest challenge of today's business leaders. It is to develop a sensitivity for those particular national goals where their particular corporation has a special expertise. Having done that, they must enlarge their canvass to include these activities along with core activities they are performing anyhow, for profit maximization. In other words, the modern day challenge is how to develop a business proposition in such a way that the social objectives are also achieved, or at least we move towards the achievement of an important social objective.

Having been involved in the pharma industry for the last three decades, I have been sensitized on these issues for a long time. Pharma industry, which manufactures and market medications for the benefit of the sick is also one of the most criticized industry in the public media. This is not confined to Pakistan alone. It is true that a lot of this criticism is not justified and is based on impressions rather than facts, yet also true is the fact that people's expectations from this

industry have not been met. People expect pharma industry to be more sensitive to the needs of the nation than what it actually is. There is no industry where people's expectations are so high and there is no industry where it is more important to be sensitive to these issues.

*People expect pharma industry to be more sensitive to the needs of the nation than what it actually is.*

**Developing** a Business Proposition in line with social objectives may not be as difficult as it sounds. Traditionally, we are used to looking at various segments in isolation thinking that each has a domain of its own, separate from the other without any overlapping. It is recently that we are seeing these walls being broken down. What used to be called government vs. private sector is not that sharply demarcated any more. Recently, the NGOs are also emerging in various areas discovering common grounds with the government, international agencies and in some cases with the private sector. In this new scenario, the national objectives in social sector are turning out to be everyone's objectives whether they are in government, business or an NGO and all of them are realizing more and more the benefits of cooperation with each other, rather than doing it on a stand alone basis.

**Given** these reasons, everyone has to look at the expectations of others, and its own expertise to decide what one has to do.

## The problem

**Governments**, for long, have regarded business as their adversaries and have always been suspicious of their activities, thinking that business is only concerned in making money and has no feeling for any social objective. Hence, they see the need for controlling them. They fail to see that there are many ways in which they can develop a symbiotic relationship with the corporations to achieve a national objective. For example close cooperation or even collusion between Ministry of Population Planning and manufacturers and suppliers of Family Planning medications and devices would only be natural.

**Rather than** suspect their intentions, government should do its utmost to facilitate their working so that a proper "Service Delivery System" can be developed. In another example, the Ministry of Health, which is concerned with child survival, could develop a symbiotic relationship with the manufacturers of Oral Rehydration Salt or with the vaccine producers and thus encourage them to enlarge their activities in order to make their programme successful.

**Facilitating does** not mean financial incentives. Many times it is the removal of prohibitive tariff (many of which work against the planned objectives) or a necessary change in rules or legislation improving the product availability or some support in communication programme through joint funding. From the point of view of government, anyone who is helping them achieve a national objective is a

helper or rather a "customer" in the business sense.

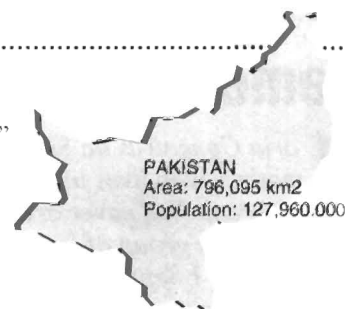
A sensitive civil servant would obviously do his utmost to service the person or organization who is helping him become more productive.

**The opportunities** for this are so many and so obvious, that most government functionaries working towards the achievement of a social objective whether in Health, Education or Environment can find people and organizations in the private sector who would be too happy to cooperate and coordinate with them. Someone has to see this opportunity and develop the trust and understanding which is needed for this kind of relationship. The two parties have to understand the way each one of them operates, their particular environment, their constraints and the modus operandi.

*The public sector can not expect much cooperation from the private sector unless it understands its work and its potential to achieve social objectives.*

## Developing mutual trust

A big hindrance in developing this trust and understanding, however, is the fact that in the public sector "profit making" is looked at with much scorn. For the business organization, on the other hand, "profit making" is their survival and their accountability since they



don't get funded by anyone's tax revenues. They must stand on their own feet and earn their own money in the market place. So, whichever way they participate in a social objective, it must be through a business proposition.

**However, since** all projects and products are not equally profitable, projects of this nature certainly would be with a lower profit margin, or sometimes just close to the break even point. This low profitability or even financial investment in a few initial years is more than justified because of the positive corporate image that such activities earn for the company, an issue about which companies are getting increasingly concerned. The public sector can not expect to get much cooperation from the private sector unless it understands and appreciates its workings and its potential to achieve social objectives. The initiative in this relationship can come from either side.

**As for the various** international agencies as well as some NGOs, they can play the much needed role of a honest broker and provide a buffer in most of the cases. They can also work with government functionaries for the necessary changes in legislation when required. In developing this kind of relationship, they can also persuade the corporations to play a far bigger role in becoming a good corporate citizen.

*\*Managing Director  
Searle Pakistan Ltd*



## Brazil at a glance

# Democratization of actions reverts infant mortality

**M**aria Gonçalves da Silva, a 52 year-old launderer and mother, who lives in "Vila Tamandaré", one of Recife's poorest areas, had never dreamed one day of receiving at her shack a group of foreigners. However, it actually happened on 1 September 1995 as part of a field visit promoted during the International Seminar on ORT use. According to Nyi Nyi, Special Advisor to UNICEF's Executive Director, and one of the foreigners, the situation was better than expected. Despite social disparities, Brazil is developing adequate and effective actions against diarrhoeal diseases through the use of ORT and was thus selected to host the Seminar.

Nyi Nyi also emphasized that the mobilization of the mass media in Brazil for the dissemination of oral rehydration messages is one of the most effective worldwide initiatives. He added that the democratization of actions and the involvement of society greatly contributed to revert Brazilian infant mortality rates and is an example to be followed by all countries experiencing similar problems.

**Counterpart promotion** in social mobilization and communication actions in favor of children, adolescents and women development is an essential instrument adopted by UNICEF Brazil to increase awareness and stimulate initiatives to improve life quality and,

therefore, decrease infant mortality.

**Important partnership** between UNICEF and the media community allowed direct and payment free contributions by newspapers, TV and radio stations and professional associations such as ABERT - Brazilian Association of Radio and TV Stations - and its state agencies, ABI - Brazilian Press Association, ANJ - National Newspapers Association and labor unions as well as personal and professional contributions by communicators, journalists, radio announcers, TV producers and artists. Such partnership is benefiting children, adolescents and women throughout the country.

## BRAZIL

is the fifth largest country in the world (8,511.996 km<sup>2</sup>) and covers nearly half of South America.

Recife

## Population

Total population .....	146.9 million*
Urban .....	76 %
Rural .....	24 %
Under-17 .....	59 million
Under-6 .....	23.2 million
Life expectancy .....	66 years

\*1991 Census

## Media elect ORT as a priority

**O**RT received a strong communication support in Brazil during the past ten years as a priority instrument to fight infant and child mortality. The efforts of the media in promoting a greater involvement of NGOs and state/municipal governments, in addition to the involvement of the Ministry of Health

itself and the actions carried out by the Pact for Children, are leading to a dynamic and permanent process in favor of ORT, particularly in the North and Northeast regions. This is an ongoing social mobilization effort to raise public awareness about simple solutions that have already saved many lives.

## Income disparities

While Brazil has the world's tenth largest GNP, there are vast regional disparities in the country's distribution of wealth. In Sao Paulo, the wealthiest state, GNP exceeds US\$ 4,000, higher than Portugal and eight times as high as the Northeastern state of Piaui.

GNP per capita (1993) ..... US\$ 2,999  
1% richest concentrate 13.9% of wealth  
50% poorest concentrate 12% of wealth

## Infant and child mortality

In 1960, out of every 1,000 children born in Brazil, 181 died before the age of five. However, by 1993 the number had been reduced to 63.

**Brazil in the world**  
Under-5 mortality rate (per 1,000 live births 1993)

The under-five mortality rate in the Northeast, Brazil's poorest region, is 116 deaths per 1,000 live births, almost doubling the national average. More than half of all child deaths occur in the Northeast and the differences in child mortality within Brazilian regions are among the sharpest in the world.

## The role of the media

Approximately 90% of Brazilian homes have television sets representing an estimated potential audience of 130 million people. Radio is present in practically all homes and together with TV are the most important means of communication in Brazil whenever the strategy implies reaching vast populations. Newspapers play a fundamental role, as qualified media, in delivering social messages to decision makers within and outside the government.

Number of households .....	34.8 million
Households with TV sets (89.4%) .....	31.1 million
Households with radio (97.8%) .....	34.0 million
Newspaper issues per day .....	6.0 million