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Bill Clinton, Bill Clinton, and a push to cut diarrhea deaths in Uganda

Two Bill Clintons converged on Entebbe, Uganda on Friday. One was hoping to meet his namesake; the other was visiting the east African country to support a pledge to eliminate diarrheal deaths in the country.

The parents of Bill Clinton Kaligana named their son after the US President during his visit to their village back in 1998, and [the 14-year-old Ugandan Clinton skipped a history exam on Friday to meet the President](#). President Clinton recalled meeting the younger Clinton's parents during remarks at the National Medical Stores in Entebbe in a joint presentation with Ugandan President, Yoweri Museveni. (You can read more about President Clinton's visit to Uganda in a [post by Jonathan Orszag](#) and follow the former president's Africa tour on the [Clinton Foundation blog](#).)

The two Bill Clintons did finally meet at the airport just before the president's departure. The story is covered in this [article](#) in the Sunday Monitor.

Clinton was in Uganda to support an ambitious effort to eliminate diarrheal deaths among Ugandan children. [The Clinton Health Access Initiative \(CHAI\)](#), which he founded in 2002, is spearheading an effort with the Ministry of Health to increase access to the most effective treatments for diarrhea—Oral Rehydration Solutions (ORS) and zinc.

CHAI is an organization with a proven track record of evidence-based decision making and rigorous impact evaluation. IPA has partnered with CHAI in Uganda to evaluate the [impact of malaria diagnostics in rural drug shops](#) and [messaging to increase treatment compliance with antimalarial medication](#).

In this effort to reduce diarrhea mortality in Uganda, CHAI has joined forces with the [World Health Organization \(WHO\)](#), [UNICEF](#), the Ugandan Ministry of Health, and the National Medical Stores, among others. Together, they presented a national strategy to protect, prevent, and treat diarrhea.

CHAI Uganda Country Director, Jeff Grozs, laid out the treatment strategy based on increasing access to ORS and zinc; a spokesman for the World Health Organization stated that rotavirus accounts for nearly 60% of diarrhea hospitalization worldwide and unveiled plans to introduce the rotavirus vaccine in Uganda in 2013 as the chief prevention strategy; the Deputy Representative of UNICEF in Uganda then presented a multifaceted strategy to protect children from diarrhea, which included ways to improve water, sanitation, and hygiene. Concerning access to clean water, she said, “Make water available clean where people drink it.”

When it comes to making water “clean where people drink it,” evidence from randomized evaluations in western Kenya shows that installing chlorine dispensers at communal water sources is an extremely cost effective way to improve the quality of water that people actually drink and reduce the burden of diarrhea ([academic paper](#), [project description](#)). The approach was designed to take advantage of insights from behavioral economics to help people overcome barriers to chlorine adoption. The dispenser provides a visual reminder to treat water when it is most important—at the time of collection. The source-based approach makes drinking water treatment convenient because the dispenser valve delivers an accurate dose of chlorine to treat the most common transport container, while the public nature of the dispenser system also contributes to learning and habit formation. Project promoters also provide frequent reminders and encouragement to use the product. Since promoters are members of the community, their local knowledge, trust, and social influence may have contributed to their success in driving adoption.

Based on these research findings, IPA is scaling up this innovative solution through its [Dispensers for Safe Water \(DSW\)](#) program. [As of April 2012](#), approximately 2,124 dispensers are currently in place in Western Kenya, providing access to chlorine for an estimated 424,800 people, and averting an estimated 61,556 diarrhea episodes in children under three since October 2009.

And I’m happy to say that chlorine dispensers have arrived in Uganda! Initial results from the first pilot launched in February 2012 in eastern Uganda supported by the [Bill & Melinda Gates Foundation](#) are very promising, and the program is planning on gradually scaling up thanks to funding from [USAID’s Development Innovation Ventures](#).

With a coordinated effort like this to reduce child mortality from diarrhea, a Bill Clinton born in Uganda could one day have the same chance of surviving childhood as a Bill Clinton born in America.

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