

**Part
one**

1. (g). Antibiotics and anti-amoebal agents will not make the very urgent difference that Joseph needs. Oral rehydration salts (ORS) will substantially reduce his risk of dying, but adding zinc to the ORS lowers the risk by a further 23%, especially in countries with low natural zinc levels.

**Part
two**

2. (e). All the other choices do help, but take time and money. Rotavirus vaccination does lower death rates from diarrhoea, but many other causes of infectious diarrhoea are not prevented by it. Campaigns to promote and provide ORS plus zinc for acute diarrhoea in communities that do not yet have clean water and proper sewerage have proven success.

**Part
three**

3. (c) Sadly, very few countries have implemented ORS plus zinc, despite it having been recommended by the World Health Organization since 2004. There is a need to market the extra advantages of zinc – perhaps directly to carers and to the public at large.

**Part
four**

4. (d) Cost is not important: at 50 cents for a whole course of ORS plus zinc it is far cheaper (and more effective) than any other intervention for acute diarrhoea.

**Part
five**

5. (a), (b), (c), and (d). All these countries managed to increase steeply their usage of ORS and zinc by creating demand for, and supply of, the combination. The UN is about to launch its Commission for Women's and Children's Health: its aim is to find ways for those working in healthcare to be more aware of such treatment and to make it available to the people who need it most. Entrenched support for antibiotics needs to be challenged for this approach to become universal.

Reference

Sabot O, Schroder K, Yamey G, Montagu D. Scaling up oral rehydration salts and zinc for the treatment of diarrhoea: *BMJ* 2012; 344: 7 (editorial).

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