



Learning Brief

In focus: Health communication

'The health shop'

Applying Integrated Marketing Communication to generate demand for malaria testing in the private and public sectors

As part of the Zambia Access to Artemisinin Combination Therapies Initiative (ZAAI), a one-year pilot project was designed to increase affordability and access to artemisinin based combination therapies (ACTs), an antimalarial, and malaria rapid diagnostic tests (mRDTs), a point-of-care test, in the private sector to cut down the use of ineffective antimalarial monotherapies and increase appropriate treatment of malaria confirmed cases with ACTs for all age groups. To generate demand and uptake of these two products, an Integrated Marketing Communication (IMC) approach and a social marketing approach using the '4Ps' (product, price, placement and promotion) was applied. ZAAI was implemented between May 2010 and February 2011 in four intervention districts of western Zambia (Lundazi, Chama, Kasama and Chinsali), with a population totalling about 700,000.

According to the Zambia Ministry of Health's guidelines, ACTs were 'prescription drugs' available only in private clinics and registered pharmacies which are largely not found in rural zones of the country. Rural populations

Key findings

- » Integrated Marketing Communication can be successfully applied to health products, services and behaviours when promoted within a private sector development approach
- » Demand-side interventions should be a primary component of an intervention to introduce malaria rapid diagnostic tests in the private and public sectors for greater impact
- » Demand-side interventions can have impact not only on uptake of new services but also on changing care-seeking behaviours
- » Monitoring effectiveness of a communication intervention should be built into the intervention's monitoring and evaluation plans from the onset, allowing for progress tracking and identifying key outcomes

bought over-the-counter medicines from drugstores and informal outlets (including grocery stores) closer to their homes and in market places.

Though mRDTs were available in the public sector, health facilities were few and far away. Often, either mRDTs or medicines – or both – were unavailable, which meant customers would take two trips – one to take the test and another for treatment at a private or different health facility, and wait for long hours. In addition, health workers were often under time pressures to deliver the mRDT, hence not being able to interact with customers to explain the results or what it meant.

Intervention

For any product or service to be successful in the marketplace, it is important that it is the appropriate product which satisfies customer's needs; located where customers can easily get to, fits into the customer's lifestyle; is priced right – neither overpriced nor low-priced – and be delivered by a customer-friendly person to make the interaction memorable to the customer. Additionally, the product or service needs to be widely publicised to increase its awareness and use. In the private sector, each of these factors are given equal attention using the principles of '4p': product, price, promotion and placement.

To address the challenges of affordability and access of ACTs and mRDTs in the private sector, the project adopted a social marketing approach, using the '4Ps'.

Product: Tagged as a 'quick and easy way to know if it is malaria or not', the primary product promoted was the point of care test mRDT.

Price: Both products (ACTs and mRDTs) were procured from the manufacturers at public sector price and then sold at a subsidised price to existing pharmaceutical wholesalers.

The products were delivered to the retailers using regular distribution channels. Though the ACTs had various prices, the project priced both products at £1 US dollars each, which was within the acceptable price people were willing to pay.

Placement: To increase accessibility for consumers, both products were strategically placed in 58 outlets, branded as 'The health shop', across district headquarters, market places and residential areas.

The project worked with the Ministry of Health, Government of Zambia and the Pharmaceutical Regulatory Authority to develop guidelines which enforced minimum standards of personnel as well as infrastructural and regulatory guidelines. Those outlets that met these guidelines were accredited and its personnel were trained on dispensing practices, ethical issues, inventory control, supply chain management and an entrepreneurship module.

Promotion: An IMC model was used to match the overall design of the project as it seemed most appropriate for generating demand among consumers and use among private providers in the short-term and to influence behaviour change in the long term for these two relatively new products.

Implementation

Based on the project objectives, precise behavioural goals were developed and the communications intervention design was informed by dipstick research conducted with stakeholders, service providers and community members to understand drivers of care-seeking behaviours, barriers to malaria testing, health information needs, preferred channels of communication and media habits.

The dipstick study among consumers identified barriers to testing before treatment, including very little knowledge

Figure 1: Zambia Access to Artemisinin Combination Therapies Initiative, intervention and control districts

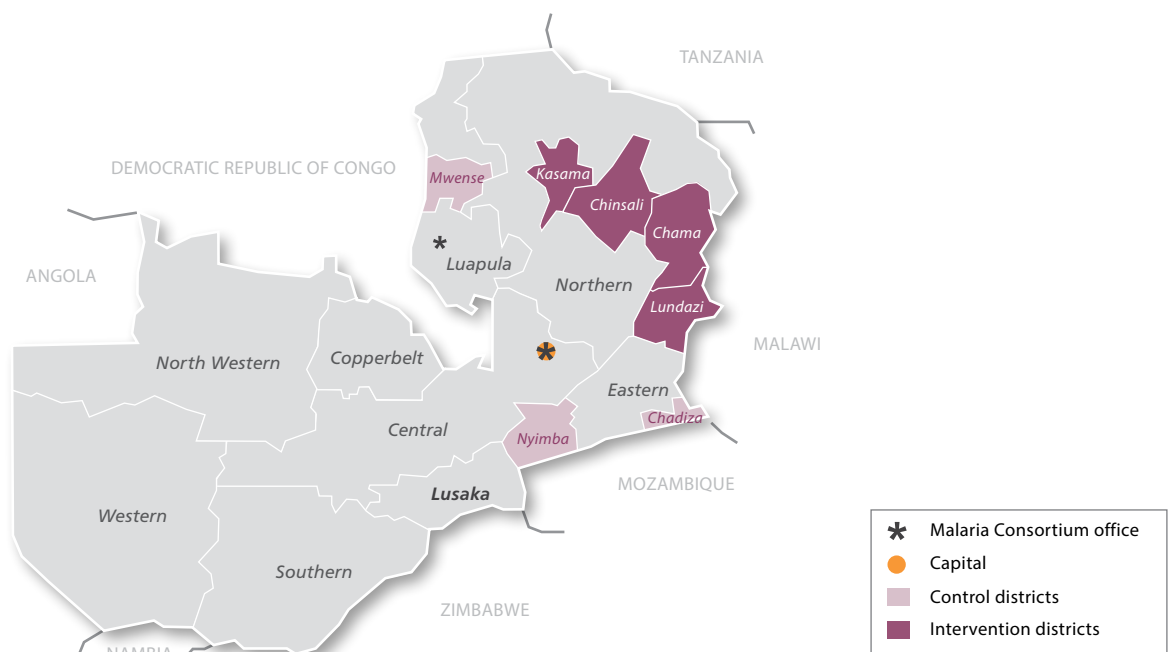


Figure 2: Sample of Integrated Marketing Communication interventions



and awareness about the importance of testing for malaria before taking medicines, lack of mRDTs in the market, misunderstanding that mRDTs could also test for HIV and belief in traditional medicine's efficacy to some extent. Consumers also noted that they would more likely use mRDTs if they understood the purpose of the test and how it was administered. They also needed more information on its effectiveness, safety and cost. Consumers also expressed readiness to take the test at drugstores and informal outlets, where they were already buying other medicines.

The project's behavioural goals were two-fold:

- » At the consumer level, the objective was to position malaria testing as the first action to take when feeling feverish, preferably in an accredited 'health shop'.
- » At the service provider level, the objective was to change from provision of any antimalarial towards proposing a malaria test first, and then offering ACT only to clients whose test result was positive.

This led to the development of a communication pack which was pilot tested with target audiences, refined and approved by the Ministry of Health and partners prior to roll out.

Malaria testing was offered to consumers as: 'A time and money saver that is simple and will make your life easier, so you can pay attention to more important things in your life such as family, work, business or education'. The testing was also promoted as 'a fast, quick, short test' (20 minutes in total – five minutes to take the test and a 15 minute wait for the result) and reliable (provided by trained personnel in certified outlets) solution to find out if people have malaria. This meant that consumers would only get the correct treatment, thereby avoiding needless medicines and saving time and their hard-earned money. Additionally, they could buy the ACTs at the same place.

The drugstores and informal outlets (grocery shops) offering mRDTs and ACTs were branded as 'The health shop' to create a positive association for consumers. 'The health shop' had a signage, logo and cheerful colours for easy

recognition. 'The health shop' outlets were promoted as the 'go to' places for malaria testing and treatment.

IMC rollout included advocacy and public relations activities through townhall meetings and sensitisation meetings aimed at key stakeholders – administrative, religious, community leadership and public sector health personnel – to gain their support for malaria testing in the private sector.

A high visibility product launch in the largest district of Lundazi was attended by political, administrative and community leadership together with private sector providers and consumers. The launch included a drama show with key messages built in and was preceded by public awareness announcements. Short radio advertisements were supported by in-depth interviews and panel discussions with district health authorities and call-ins from listeners. Marketing collaterals included 'The health shop' signages, brochures, a flipchart explaining the project, products and services, banners, T-shirts and posters. Community-based programmes for hard-to-reach areas comprised of dramas in the local language and appeals by community leaders. These activities were combined with sales promotion at outlets. These included 'point of sale' material, sharing of promotion activity schedule and supervision visits that also checked on consumer demand and any troubleshooting issues.

Evaluation methods

A specific set of indicators to evaluate the outcomes and impact of the communication interventions was developed and mainstreamed into the monitoring and evaluation plans of the project. An independent evaluation was conducted (March to April 2011) to measure knowledge and uptake of malaria test and treatment practices through household survey data from control and intervention areas. These were complemented by client exit interviews and mystery shopping. Outcomes were assessed through 'before and after top-of-mind recall', dose delivered/received, channels reached and the extent of 'testing before treatment' behaviour.

Data sources	Sample size	Duration	Questions tracked	Remarks
Baseline and endline	1,575 households – 105 communities; 7 districts each round	10-12 months after rollout	Health-seeking behaviours, particularly fever	Oversampled households with recent fever experience
Mystery shoppers	58 accredited outlets	2 rounds; 289 visits	Customer satisfaction and quality control	33 trained mystery shoppers
Exit interviews	4,282 shoppers	2 rounds	Knowledge, awareness, drivers and action	361 febrile illness and 1,188 for medical reasons
Outlet provider surveys	107 outlets (47 accredited and 60 non-accredited)	Accredited – 3 times; non-accredited – 2 times	Knowledge, profitability, demand for mRDTs and customer satisfaction	Trained mystery shoppers

Results

Overall programme results: Overall, the project was successful in increasing access to mRDTs. Of the 41,900 mRDTs procured, store level records suggested nearly 48 percent (over 20,000) were used to test people for malaria within 10 months. Drug and grocery stores labelled as 'The health shop' became the 'go to' place, although they previously did not offer malaria testing services. According to data derived from the World Bank, a statistically significant six percent increase in the use of any diagnosis in the private sector was seen, while mRDT use rose to a statistically significant two percent among population over five years old and above.

Health-seeking behaviour: Within 10 months of the pilot, shifts in care received and sought in cases of fever was apparent in the population, largely driven by the IMC campaign. A substantial increase occurred in children under five years old being taken to public sector health facilities – as protocols required providers to refer all children under five who tested negative to a public facility, while adults continued to seek care at 'The health shop'. Between baseline and endline, knowledge on ACTs and mRDTs increased in intervention districts over control districts. Awareness of 'test before treat' message increased from 43 percent to over 96 percent in the intervention districts. 'The health shop' branding impacted on the behaviour relating to malaria testing and treatment among users: footfall in 'The health shop' increased from 37 to 48 percent aided by the recognition of shops by visual triggers such as a poster, sign or sticker.

Consumer satisfaction: Consumers found testing and treatment available at 'The health shop' a convenient option, curtailing long walks to health facilities and saving costs and time. Consumers moved quickly from 'awareness' to 'use' stage when the benefits of 'convenience' and 'saving time' were realised. Radio proved effective as the source of awareness of 'The health shop' – as radio spots and discussions listed names of branded outlets and their location, helping community members access one nearest to them. Endorsement by key leaders through radio and call-in programmes further helped in improving awareness.

Providers: Findings indicated that providers were motivated by mention of individual outlet names on the radio as the 'go to' place during radio promotions. As a result of this promotional activity, providers said their clientele increased by 45 percent. More than 50 percent of providers not only perceived high demand for mRDTs, but said their profitability increased by 47 percent.

Next steps

The impact of this campaign demonstrated that IMC can be successfully applied to health products, services and behaviours when promoted within a private sector development approach. Demand-side interventions should be a primary component of an intervention to introduce mRDTs in the private sector in order to ensure appropriate uptake.

Monitoring effectiveness of a communication intervention should be built into the project's evaluation framework from the onset allowing for progress tracking and identifying key outcomes.

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Front photo: mRDTs distributed by a private drug dispenser

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