

**malaria
consortium**

disease control, better health

‘The health shop’: Applying integrated marketing communication to generate demand for malaria testing

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WSMC, Sydney 19–22 April 2015



PREVENTION



DIAGNOSIS



TREATMENT



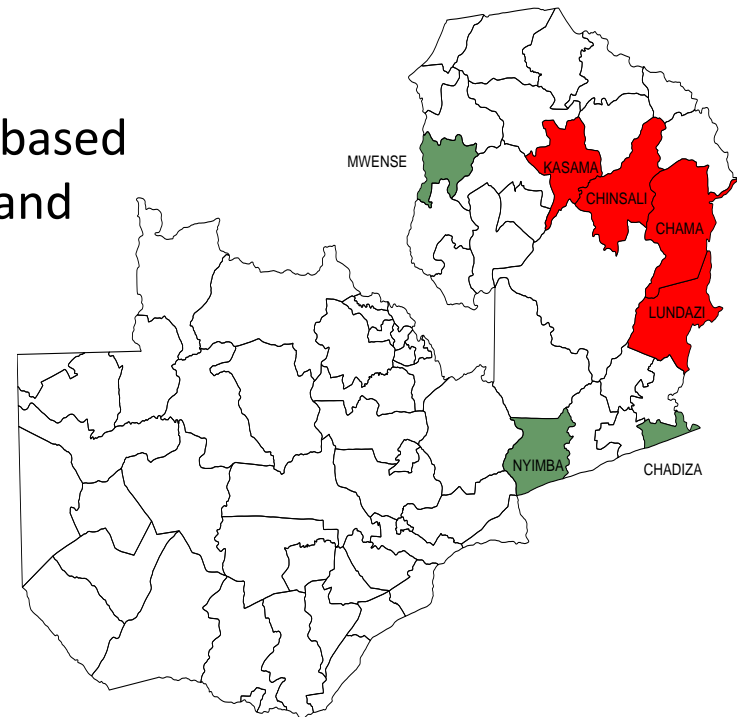
RESEARCH

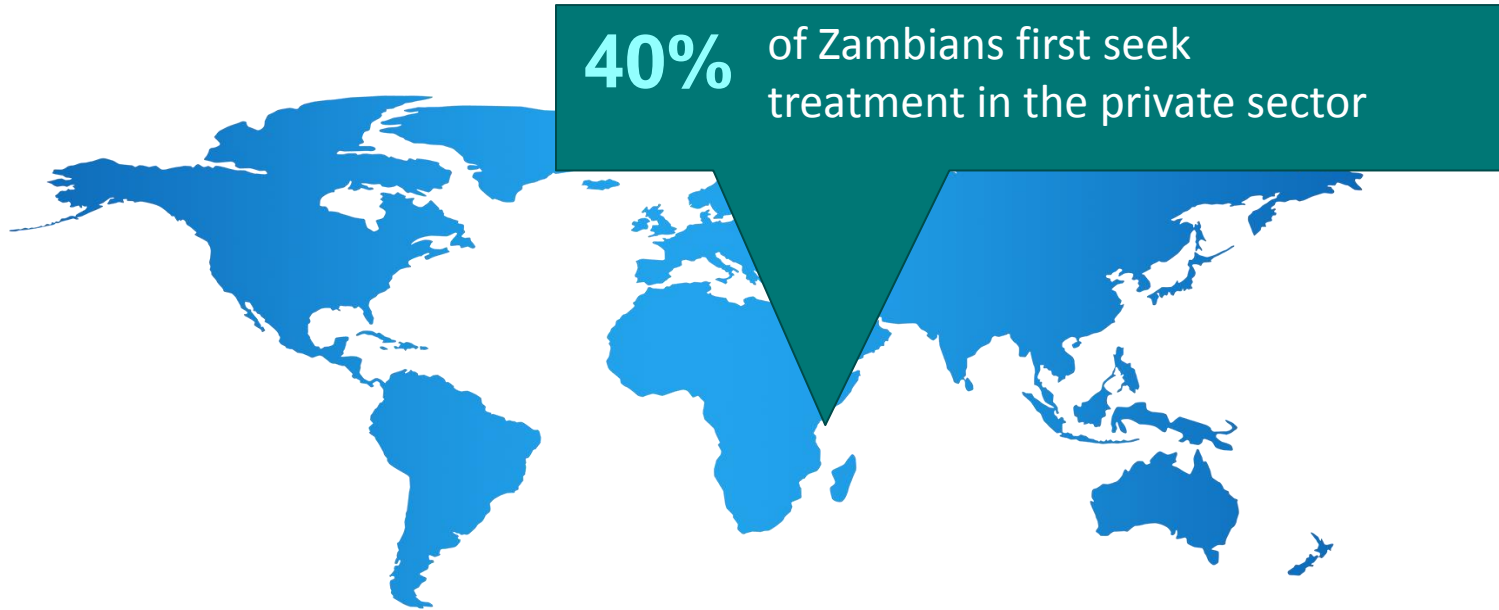
Overview: Zambia Access to ACTs Initiative

To improve access and uptake of artemisinin based combination therapies (ACTs) through public and private sectors

Private Sector Pilot

- Project period: May 2010 to Feb 2011
- Four rural intervention and three rural control districts
- Districts: Lundazi, Chama, Kasama and Chinsali; approximate population 700,000
- 58 outlets (drug shops and grocery stores) accredited and functioning, majority within 5 km of district town





An absence of regulated pharmacies in rural areas impacts the population's ability to access effective treatment for malaria

Malaria continues to be a major public health problem in Zambia

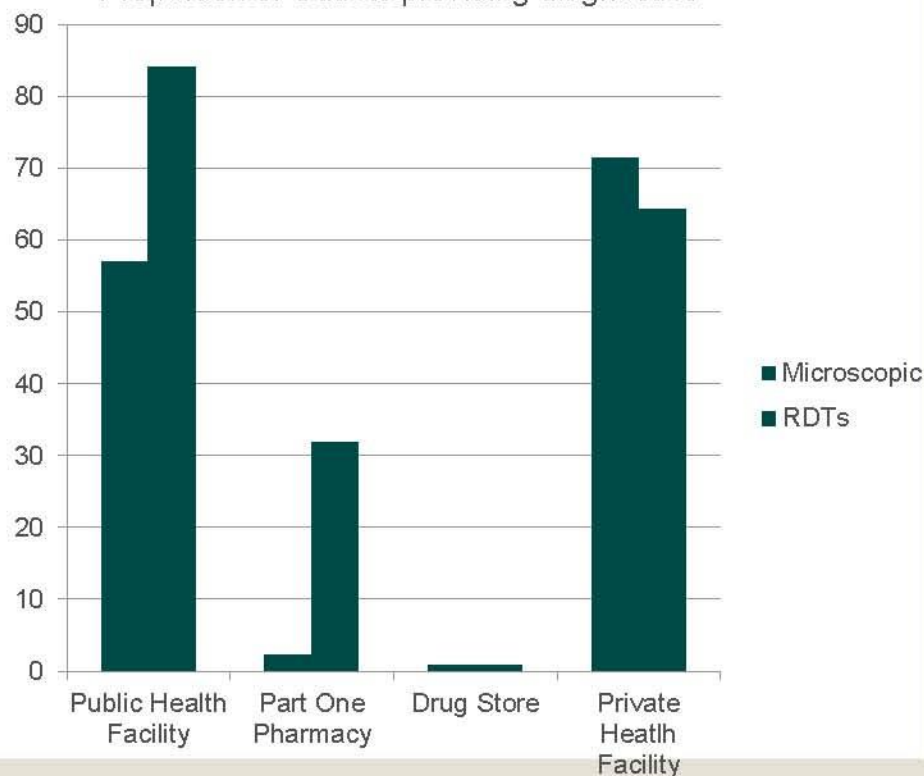
Case for Private Sector Pilot

Less than half of children <5 seek care for fever in public sector facilities. 8% seek no treatment. The rest go elsewhere for treatment of suspected malaria.

Percentage of children < 5 with fever	Seek care where?
48.6%	Public sector
24.5%	At home
6.5%	Grocery store
5.3%	Pharmacy
4.3%	Other source
1.9%	Private clinic
1.2%	Community health worker
8%	No treatment

Diagnostics are generally unavailable in private sector outlets such as drug stores

Proportion of Outlets providing diagnostics



Source: 2009 ACT Watch Survey

Source: CHAI and UNZA, 2008

Barriers to providing ACTs through the private sector

- The high price of ACTs
 - Diagnostic testing is rarely available at private sector outlets. (Diagnostic testing potentially can prevent overuse of anti-malarials, increasing cost-effectiveness, as rapid diagnostic tests are cheaper than ACTs.)
- Perceived low consumer demand for ACTs
- Zambia's regulatory landscape prohibits ACTs from being legally sold through unregistered private sector outlets

Description of the intervention

Goals

- Increasing the affordability/access of ACTs
- Reducing the use of ineffective anti-malarials
- Increasing diagnostic capacity in the private sector

ACT and RDT subsidy

- ACTs and RDTs procured from manufacturer at public sector price and sold at a subsidised price to pharmaceutical wholesalers, who delivered them through normal distribution channels to accredited drug outlets in pilot districts

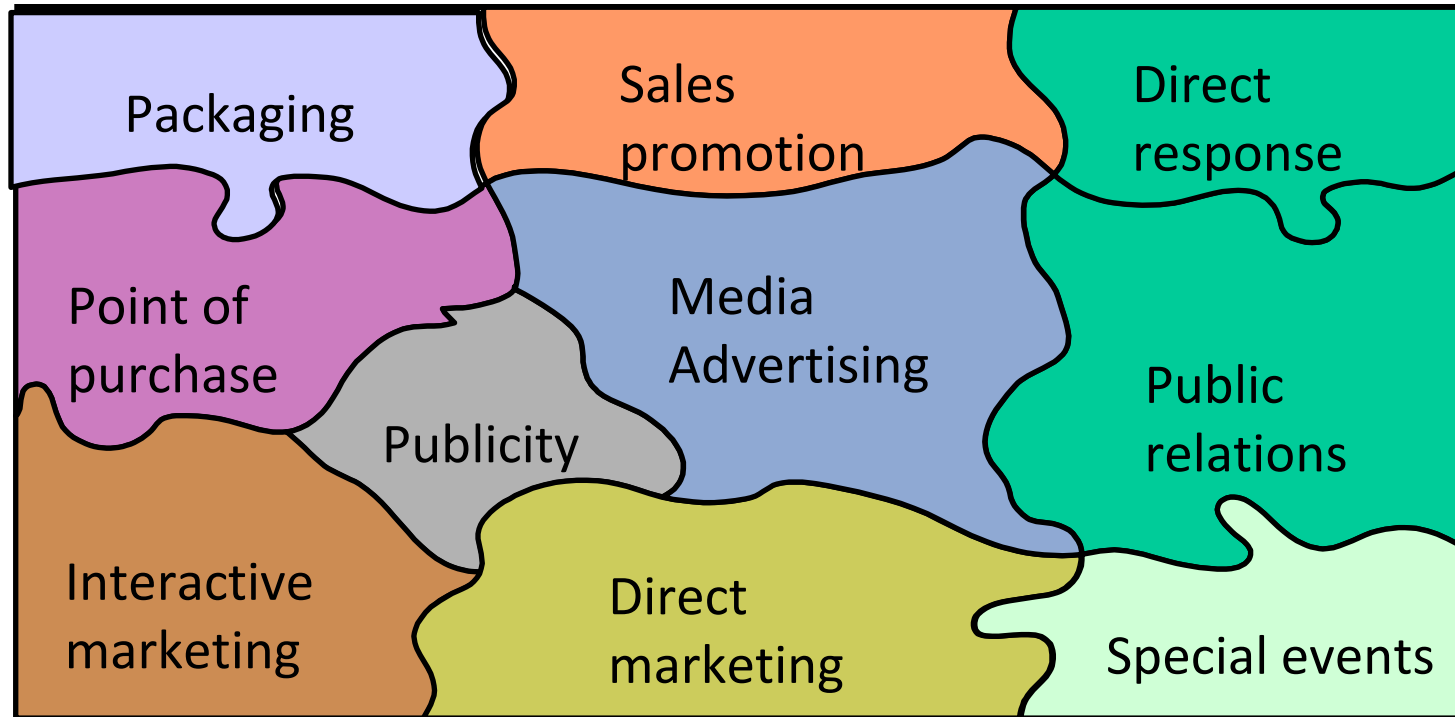
Accreditation programme

- Training curriculum (dispensing practices, ethical issues, inventory control, supply chain management and an entrepreneurship module)
- Minimum enforceable infrastructure, personnel, records, and product standards

Community sensitisation and training

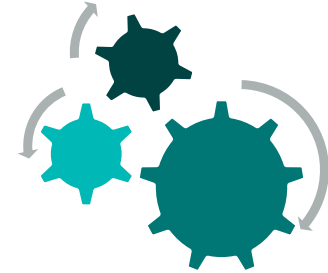
- Measures to increase community awareness, including: public awareness campaigns (radio), signs on shops (“health shop” logo), health messages on packages of ACTs, banners, posters etc

The integrated marketing communication approach



An integrated marketing communication (IMC) approach adopted. IMC is widely used in the commercial sector to plan, develop, execute, and evaluate coordinated, persuasive brand communication.

Communication overview

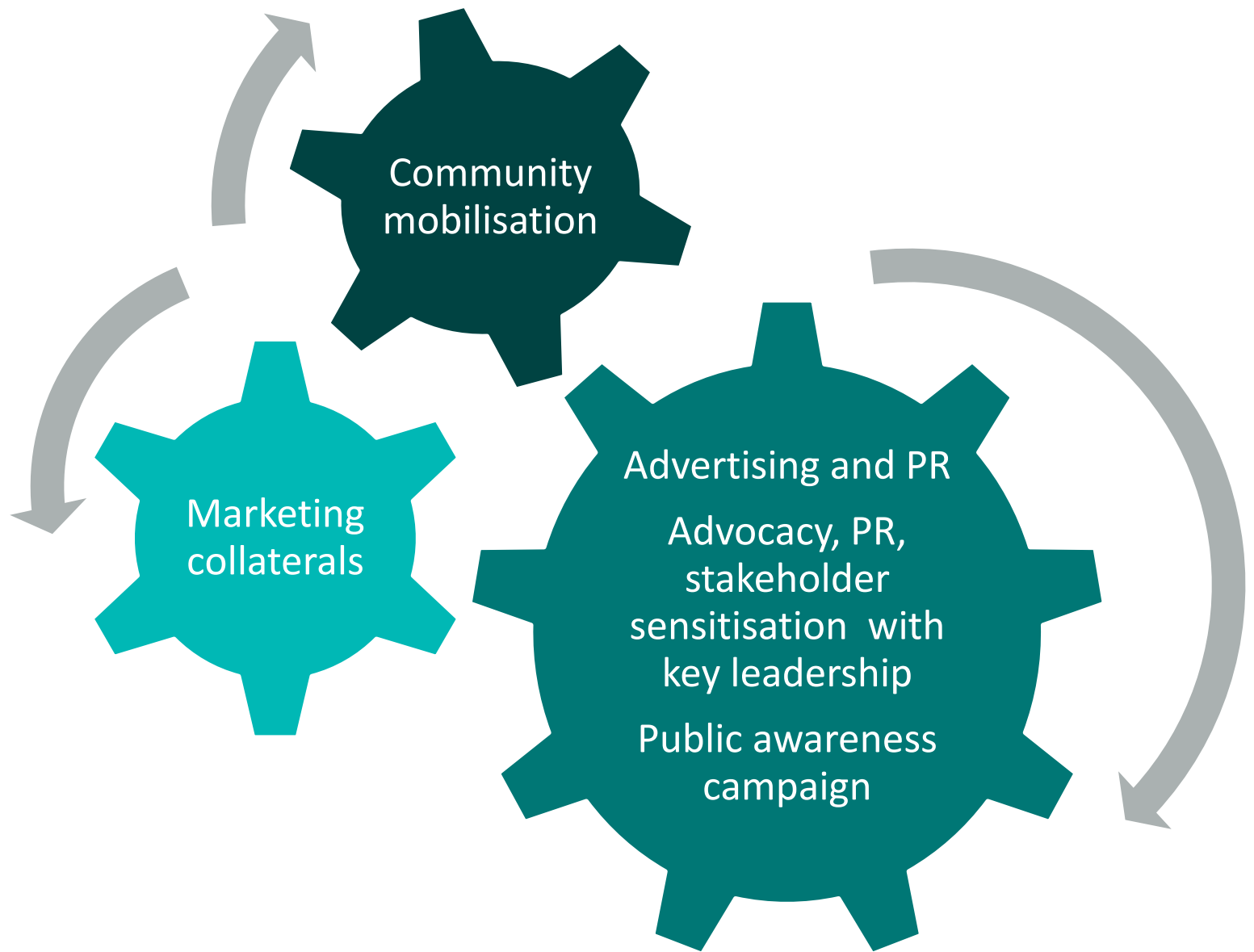


Dipstick to understand stakeholders, providers and customer needs and wants

Graphic designers to create communication pack

Two full time personnel to implement, manage, supervise and monitor campaign

Weekly reports helped monitor implementation and corrective suggestions



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Implementation timeline

	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11
Stakeholder Meetings													
Key Opinion meetings													
Dipstick and production of trial pack													
Launch		Lundazi	Northern										
Development of IEC materials and piloting													
Approval of IEC materials													
Sales promotion													
Radio													
Hiring of personnel													
Implementation													
Surveys				Exit Interviews			Mystery Clients					EI, MCs, HH	

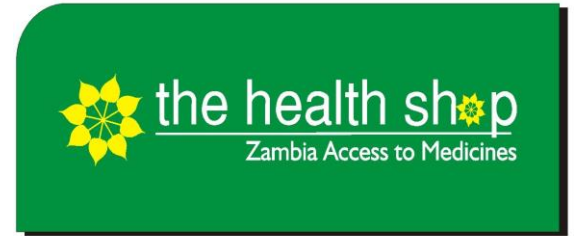
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Branding of outlet



- Audiences had 12 choices for shop names
- “The health shop” was picked as it is easy to associate and remember
- It defines what the shop offers when people walk in
- The final logo:
 - the yellow flower conveys brightness and cheer
 - the green background denoting positivity, according to participating audiences. Community members were familiar with green being associated with healthcare
- Brand extension is possible for the longer term

Overpacking

PLEASE NOTE

- Begin treatment as soon as possible
- One pack is for one person only
- If the child vomits the tablets within one hour of taking them, give another dose and replace the tablets from the store.

General Danger Signs

Abnormally sleepy Convulsions Not breast-feeding (babies) Vomits everything

RUSH to the nearest HEALTH CENTRE IMMEDIATELY

- If fever continues after the three-day treatment
- If the child's condition otherwise gets worse
- If you see any of the signs as above, during treatment or after three days

Ministry of Health Zambia NOVARTIS malaria consortium

- Initially - repackaging Coartem into booklet/package with instructions
- PRA - strict regulatory requirements – lead to time delays
- Norvatis - not happy with overpack idea
- Decision - complementary leaflets for each age group to be dispensed with each blister
- Still only approved in September

HOW TO TAKE THE 3-DAY MALARIA TREATMENT
For children age 4 to 8 years, weighing 15 to 25 kg

FOLLOW THESE STEPS EVERY TIME YOU GIVE THE MEDICINE

- 1 When you are ready to give the tablets, press 2 tablets out of pack.
- 2 Drop 2 tablets into a little water.
- 3 Mix well with a spoon.
- 4 Make sure the child TAKES all of the medicine.

FOLLOW THIS SCHEDULE FOR THREE DAYS

Day 1
GIVE FIRST 2 TABLET DOSE RIGHT AWAY

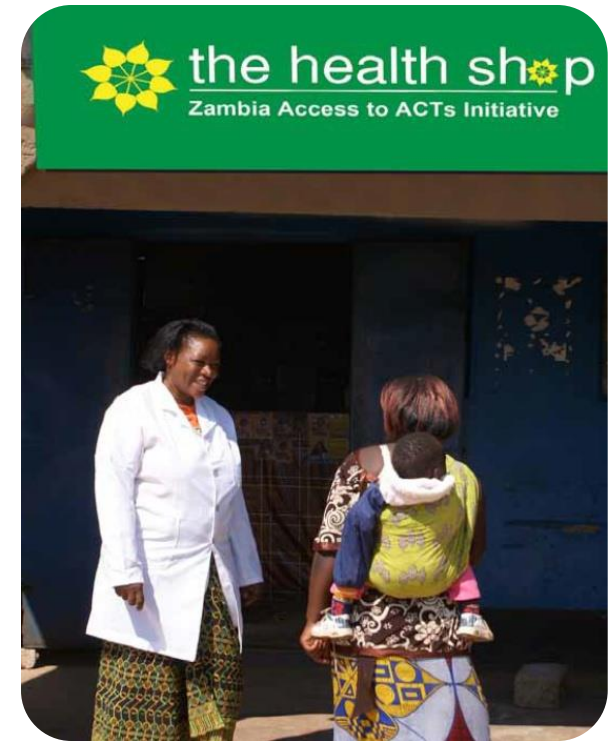
Day 2
GIVE NEXT TWO TABLET DOSE 8 HOURS LATER

Day 3

If you follow the instructions correctly and complete the three-day, 12-tablet treatment your child will fully recover by the 4th day.

Marketing materials

- 120 store signs
- Eight interactive radio shows
- 60 flipcharts
- FAQ sheets on malaria diagnosis, treatment and prevention
- Two district launches
- 25 meetings with village chiefs
- 200 t-shirts and posters
- 1,000 stickers
- 240 30-second radio commercials
- 34 dramas/interactive sessions in villages



All about Malaria

Draft for approval

Developed by Malaria Consortium – Africa Regional Office
 Photographs by Anne Malunga, Nelson Pirooni and Stop Malaria project

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 MINISTRY OF HEALTH ZAMBIA



Do you think it is MALARIA?

The formation of District Malaria Task Forces has helped to coordinate malaria control activities by bringing together different organisations to provide improved healthcare.

the health shop
 Zambia Access to ACTs Initiative
 DRUG STORE

- Walk into a health shop
- Take the 20 minutes test
- If malaria, get the 3 day treatment
- If no malaria, get advice on what to do next



All this at your nearest
“HEALTH SHOP”

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Launch activities



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Effectiveness of communication messages and methods

Branding

- Footfall into health shops increased by **10.5 percent** due to recognition of shops by sign, poster or sticker

Radio messaging

- Community members aware of where to access services by specific mentioning of outlet names
- Vendors motivated by radio messaging as increased profile
- Endorsement by key leaders through radio and call-in programmes also helped improve awareness



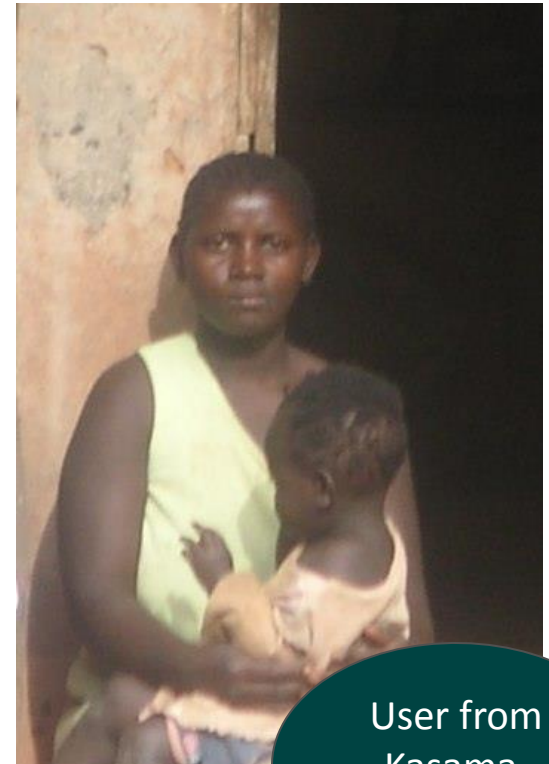
Awareness among communities of health shop brand and “test and treat message” increased from 42.9% to 93.6% with 97% and 100% Chinsali and Kasama

Changes in healthcare and health-seeking behaviour

- **Care seeking behavior significantly shifted toward diagnosis and treatment in formal outlets** (both private and public), and away from self-treatment (61 percent to 80 percent in control areas, and 63 percent to 79 percent in intervention areas)
- Substantial increase in care seeking for children under five in the public sector
- Higher age groups accessed services in the private sector
- Significant increase in the use of ACTs and reduction in the use of ineffective anti-malarials: 82.6 percent of the anti-malarials that were sold in accredited stores were ACTs, compared with 17.2 percent in non-accredited stores
- Provider adherence to national protocols improved but could still be persuaded to treat based on clinical symptoms alone

Customer satisfaction

- Customers found testing and treatment available at one stop (the health shop) convenient
- Long walks to health facilities were curtailed, saving time
- Cost were offset by saving time
- Consumers moved quickly from 'awareness' to 'use' stage when benefits of 'saving time and convenience' were realised
- Preferred depth of engagement between provider and customer
- Development of trust and familiarity of person offering service
- Credibility of information received



User from
Kasama,
Zambia

“Earlier I used to spend two hours walking into a health facility and waiting; it’s now just five minutes from home.”

Provider perceptions

- 58 percent of customers came from within five kilometres
- More than 50 percent of providers perceived high demand for RDTs
- Programme effect on:
 - provider knowledge – 82 percent
 - customer satisfaction – 61 percent
 - profitability – 47 percent
 - promotional activity increasing number of customers – 45 percent

Changes in access to ACTs and RDTs

Over 28, 000 ACT blisters and 41,000 RDTs distributed

- Approximately one in 20 RDTs were received by individuals living in communities located close to private sector outlets
- Access to ACTs increased from two percent to 11 percent in intervention areas, in comparison to one percent to three percent in control districts
- Increased diagnostic testing in all age groups; under-fives in the public sector and over-fives in the private sector
- The average price of ACTs (ZMK 6,819) was higher than the recommended retail price (ZMK 4,000)

Impact

- The Pharmaceutical Regulatory Authority (PRA) has recognised the limitations of the regulatory framework, and an amendment to the Pharmaceutical Act has been presented to Parliament as a 'Pharmaceutical Bill 2011' to register and accredit drug stores (tier II pharmacies)
- Further health shops are to be trained in the near future
- Methods and results led to development of a scale-up project funded by UNITAID in Nigeria and Uganda. First phase completed and results available in the third quarter of 2015

Conclusion

- The campaign impact demonstrated that health-seeking behaviours can be positively influenced by increasing awareness, creating an enabling environment and building convenience for the customer.
- The campaign also demonstrated that an IMC approach can be successfully applied to health products, services and behaviours when promoted within a private sector development approach.



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Thank you

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Learning Brief available: <http://www.malariaconsortium.org/resources/publications/480/>

