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

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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.

<table>
<thead>
<tr>
<th>Percentage of children &lt; 5 with fever</th>
<th>Seek care where?</th>
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<tbody>
<tr>
<td>48.6%</td>
<td>Public sector</td>
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<tr>
<td>24.5%</td>
<td>At home</td>
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<td>6.5%</td>
<td>Grocery store</td>
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<td>5.3%</td>
<td>Pharmacy</td>
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<td>4.3%</td>
<td>Other source</td>
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<td>1.9%</td>
<td>Private clinic</td>
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<td>1.2%</td>
<td>Community health worker</td>
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<td>8%</td>
<td>No treatment</td>
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Diagnostics are generally unavailable in private sector outlets such as drug stores.

Proportion of Outlets providing diagnostics

- **Public Health Facility**
- **Part One Pharmacy**
- **Drug Store**
- **Private Health Facility**

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
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
Advertising and PR
Advocacy, PR, stakeholder sensitisation with key leadership
Public awareness campaign

Community mobilisation

Marketing collaterals
### Implementation timeline

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<thead>
<tr>
<th>Event</th>
<th>Apr-10</th>
<th>May-10</th>
<th>Jun-10</th>
<th>Jul-10</th>
<th>Aug-10</th>
<th>Sep-10</th>
<th>Oct-10</th>
<th>Nov-10</th>
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<th>Feb-11</th>
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<td>Stakeholder Meetings</td>
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<td>Dipstick and production of trial pack</td>
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<td>Implementation</td>
<td>Exit Interviews</td>
<td>Mystery Clients</td>
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**Dates:**
- Apr-10: April 10
- May-10: May 10
- Jun-10: June 10
- Jul-10: July 10
- Aug-10: August 10
- Sep-10: September 10
- Oct-10: October 10
- Nov-10: November 10
- Dec-10: December 10
- Jan-11: January 11
- Feb-11: February 11
- Mar-11: March 11
- Apr-11: April 11
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

- 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
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

Do you think it is MALARIA?

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

- 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”
Launch activities
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.
www.malariaconsortium.org

Thank you

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