PROMOTING QUALITY MALARIA MEDICINES THROUGH SBCC

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Promoting Quality Malaria Medicines through SBCC Initiative

- Formative Research
- Nigeria Demonstration Project
- Malawi Campaign Plan
FORMATIVE RESEARCH
MALARIA CASE MANAGEMENT

Prompt Care-seeking → Test → Treat
WHAT ARE POOR QUALITY MALARIA MEDICINES?

- **Substandard**: Medicine that does not contain enough active ingredient due to unintentional errors caused in manufacturing.

- **Falsified**: Medicine that does not contain enough or any active ingredient due to intentional fraudulent manufacturing. May carry false representation of their source or identity.

- **Degraded**: Medicine that does not contain enough active ingredient due to poor conditions in storage environments, handling, or transportation (light, heat, humidity, etc.). Stolen or diverted medicine is especially at risk of becoming degraded.
HEALTH IMPACT OF POOR QUALITY MEDICINES

• Cannot effectively treat malaria
• Creates distrust in healthcare system
• Wastes financial resources
• Contributes to artemisinin resistance
• Associated with 122,350 under-five malaria deaths (2013 data from 39 countries)
The Fake Drug Industry Is Exploding, and We Can’t Do Anything About It
Which antimalarial drug is authentic? Which is fake?
GLOBAL LANDSCAPING

- Key Stakeholder Interviews
- Environmental Landscape
- Key Stakeholder Meeting
NIGERIAN DEMONSTRATION PROJECT

SUBSTANDARD & FALSIFIED MALARIA MEDICINES
NIGERIA WORKS TO COMBAT POOR QUALITY MEDICINES

- Instant scanning with Truscan
- Conducting annual drug quality assessments using mini-labs
- Licensing of drug vendors, minimum storage standards
- Requiring donated ACTs donated from pre-approved vendors
- MAS scratch pads on all ACTs required by NAFDAC
- NAFDAC phone line to report suspected medicines
Many people self-diagnose and self-prescribe

Most purchase ACTs from unlicensed drug vendors

Few consumers use the MAS scratchpad

Consumers rarely report to relevant authorities.

BUT CONSUMERS PRACTICE RISKY PURCHASING & REPORTING BEHAVIORS
NIGERIA DEMONSTRATION PROJECT PROCESS

- Conduct situation analysis
- Include relevant partners
- Develop clear communication strategy
- Evaluate with omnibus data and follow-up visits
TARGET AUDIENCES

Primary: Medicine Consumers
Secondary: PPMVs
Tertiary: Influencers and decision-makers
ANTIMALARIAL CONSUMER KEY CAMPAIGN MESSAGES

Checking the registration number and expiration date

Verifying medicine with the MAS scratch pad

Reporting suspected medicine to officials via hotline
PPMV KEY CAMPAIGN MESSAGES

- Feel pride in their business
- Procure ACTs from registered sources
- Handle and store medicines appropriately
- Allow patients to use scratch pad
- Report suspected medicine via hotline
4-MONTH CAMPAIGN IN AKWA IBOM STATE, NIGERIA

CONSUMERS:
- Orientation for CVs
- Fact Book
- 1 TV & 2 Radio Spots
- 2 Posters

PPMV:
- Orientation for PPMVs
- Fact Book
- Sticker for PPMVs

DECISION-MAKERS
- Advocacy Fact Sheet

MEDIA
- Media & Journalist Training
- Fact Book
Protect yourself with quality Malaria medicines

Question 5: What are the effects of taking poor quality ACTs?

Answer:
If you take poor quality ACTs:
- Your malaria will get worse
- You will waste money without getting better
- Some people die because they take poor quality ACTs

Frequently Asked Questions (FAQs)
EVALUATION FINDINGS

Percent who had heard information about how to confirm quality of antimalarial medicine in the past 3 months

- Male: 76.9%
- Female: 78.3%
- All: 77.6%
EVALUATION FINDINGS

Percent of respondents who know at least two actions to confirm quality of malaria medicines, by communication exposure

- No exposure: 40.9%
- Exposed to one source: 57.3%
- Exposed to two or more sources: 82.7%
EVALUATION FINDINGS

Percent of those exposed to campaign messages who intend to do something differently next time they need antimalarial medicine

- Yes: 72.02%
- No: 24.97%
- Don’t know: 3.01%
Actions that respondents intend to take

- Scratch the scratchpad on the packet and text the number underneath to the number provided on the packet: 36.1%
- Check for a NAFDAC number on the packet: 33.5%
- Check for manufacture and expiry date on the packet: 29.5%
- Get malaria medicines from government hospitals or buy from licensed pharmacists or drug shops: 18.2%
- Other: 0.6%
DIVERTED & DEGRADED MALARIA MEDICINES

MALAWI CAMPAIGN PLAN
"As a leading donor of malaria treatment drugs in Malawi, the U.S. Government is extremely concerned about any diversion of donated medicines that are meant to be freely prescribed to the people of Malawi. Drug theft has to stop and the public needs to play a key role in identifying it, reporting it and holding the people responsible accountable."

- U.S. Ambassador to Malawi, Virginia Palmer
TARGET AUDIENCES

Primary Audience 1: Consumers who buy antimalarial medicines

Primary Audience 2: Health workers who treat clients with fever

Secondary Audience: Traditional/community leaders
**DESIRED BEHAVIORS**

**Know** that antimalarial medicines available in public health facilities are procured using public funds, are of good quality and are effective.

**Treat/Educate others to treat** malaria using ACTs from government or CHAM facilities or community clinics, or from licensed sources.

**Feel** they have a responsibility to contribute to the prevention of pilferage by supporting the formal market and reporting suspected medicine theft.

**Participate** in community initiatives aimed at preventing/ending pilferage.
PROMOTING QUALITY MALARIA MEDICINES THROUGH SBCC I-KIT
PROMOTING QUALITY MALARIA MEDICINES THROUGH SBCC I-KIT

Learn how to combat substandard, spurious, falsified, falsely-labeled and counterfeit – or SSFFC – malaria medicines.

ABOUT THIS I-KIT

Substandard, spurious, falsified, falsely-labeled and counterfeit – or SSFFC – malaria medicines cause undue harm because they cannot effectively treat malaria. SSFFC malaria medicines can also negatively influence consumer behavior, threaten national healthcare systems and contribute to artemisinin resistance.

This Implementation Kit (I-KIT) provides national and local stakeholders, as well as program managers, with key considerations and a roadmap for designing and implementing a country-specific social and behavior change communication (SBCC) campaign that protects the public from poor quality malaria medicines and responds to the threat of SSFFC medicines in their country.

This I-KIT includes key information health practitioners need to combat issues of poor quality or diverted malaria medicines in their area, and resources to better understand their prevalence and the impact of SSFFC antimalarials. It includes suggestions for identifying partnerships and selecting appropriate audiences and theories to strengthen SBCC strategies. This Promoting Quality Malaria Medicines through SBCC I-KIT can be reviewed using its online version here, or can be downloaded as PDFs.
Nigeria, Ghana and Benin are just some of the countries that are working to reduce SSFFC malaria medicines. Click on areas below to learn more about each country and/or region.

+ Nigeria
+ Ghana
- Benin

Malaria is the leading cause of death in Benin for pregnant women and children under five. The national policy regulated by the Direction des Pharmacies et du Medicaments (DPMED) is to treat simple malaria using ACTs. The DPMED is in charge of controlling the quality of medicines before they are released into the market and inspects pharmacies annually.

Unfortunately, a 2009 study found that half of antimalarial medicines were substandard or falsified. A 2011 ACTwatch study found that general retailers were the most common type of outlet carrying malaria medicines in Benin, compared to public and not-for-profit sources. The study also revealed a troubling contrast between the availability of high quality ACTs in the public/not-for-profit and private sectors - 86 percent vs. 23 percent.

The Government of Benin working together with its partners increased the availability of good quality ACTs, installed a national quality control laboratory, created the Technical Commission for Registering Medication, conducted routine stock inspections and has plans to close down Cotonou's popular illegal medicine market zones located in “Dantokpa.”

The Beninese Ministry of Health and the Beninese Association of Social Marketing (ABMS) created a national hotline to report information on suspicious activities and medication, and launched a six-month renewable mass-media and interpersonal communication campaign to increase awareness of SSFFC malaria medicines.

The campaign used TV spots, stickers, house-to-house outreach activities and journalist training to raise awareness about the dangers of SSFFC malaria medicines, as well as the availability of the free malaria services provided through the public health sector. The campaign also provided the opportunity to engage vendors who sell ACTs in markets around the importance of medicine quality. The campaign reached a total of 776 vendors and 2,482 clients through peer educators and 15703 mothers of children under five by interpersonal communication.
Health Providers
Do they directly influence SSFFC antimalarials use in the country/community?
- Yes
- No

Drug Regulators
Do they directly influence SSFFC antimalarials prevalence in the country/community?
- Yes
- No

Yes - Keep going.

Are there actions they could take to reduce the country’s/community’s risk of SSFFC antimalarials?
- Yes
- No

No - Move on to next population, or promote advocacy to get possible actions or solutions into the country/community.

Criminal Investigators and Enforcement Specialists
Do they directly influence SSFFC antimalarials prevalence in the country/community?
- Yes
- No

Yes - Keep going.

Are there actions they could take to reduce the country’s/community’s risk of SSFFC antimalarials?
- Yes
- No

Yes - They may be a good choice for primary audience.

Yes - Keep going.

Are these actions realistic?
- Yes
- No
TELLING THE SSFFC MEDICINE STORY – A GUIDE FOR JOURNALISTS

The following are examples of the different kinds of possible SSFFC medicine stories that were shared during a journalist training in Nigeria. They range from simple coverage of an SSFFC malaria medicine campaign to more ambitious stories about SSFFC medicines as a critical public health issue. The list is by no means exhaustive. Its purpose is to point practitioners in the right direction and help them think about various ways to approach malaria SSFFC medicine stories in a compelling context.

Acknowledgement: This guide is an adaptation from “16 Story Ideas,” a guide for journalists covering road safety, by Subhendu Ray, Editor, Hindustan Times. It is adapted here for the technical area of SSFFC malaria medicines.

**STORY 1: If the focus of the story is law enforcement...**

**STORY 2: If the focus of my story is a specific case of the effects of SSFFC malaria medicines that you have identified, and a possible solution...**

Who should I talk to?
- Government officials from the relevant ministry; SSFFC/malaria experts from academia, NGOs/CBOs and FBOs; Drug regulatory authorities (NAFDAC) and pharmacists (PCN); and specialists in improving drug quality (USP).

What do I ask?
- How would you define the problem?
- What is the evidence that supports this conclusion?
- How can the problem be fixed?
- Is there evidence to support the proposed solution?
- What have neighboring or other malaria-endemic countries done?
- What are the main obstacles to ensuring good quality malaria medicines?

**STORY 3: If the focus of my story is a “big picture” story about ensuring good quality malaria medicines...**

**STORY 4: If the focus of my story is people at risk of improperly treated malaria due to SSFFC malaria medicines...**

**STORY 5: If the focus of my story is SSFFC malaria medicines as a local public health issue...**

Now turn this into a human interest story.
What are the relevant questions to illustrate personal and family impact?
LESSONS LEARNED & KEY CONSIDERATIONS

I. SBCC can be used to strengthen malaria medicine initiatives – which is often viewed as an issue of policy or systems change

II. SBCC practitioners must remember to promote malaria medicine efficacy and availability, so not to cast doubt on the healthcare system.

III. Non-traditional partnerships can help identify opportunities, challenges, and knowledge gaps – Bring them in early!

IV. Private sector can benefit from SBCC activities – quality medicine issues go beyond malaria (HIV/AIDS, TB, etc.)
http://sbccimplementationkits.org/quality-malaria-medicines

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