

Demand Generation for 13 Life-Saving Commodities: A Synthesis of the Evidence



Executive Summary

The global community has the power to save six million¹ lives by 2015 by increasing access to and appropriate use of 13 underutilized life-saving commodities during pregnancy, childbirth and early childhood identified by the UN Commission on Life-Saving Commodities for Women's and Children's Health (the Commission) (UNCoLSC, 2012). Demand generation—or the process of creating a need or belief in the need for a health product or service among a particular target audience—is a persistent weakness across all priority commodities.

This report reviews, assesses and synthesizes the current evidence of social and behavioral drivers of demand generation for the 13 commodities, as well as effective practices in implementing demand generation programs. This review aims to provide a foundation for future evidence-based demand generation programming and activities, with a focus on helping others to better understand the facilitating factors and barriers to utilization and generating demand for these underutilized life-saving commodities.

Using the social ecological framework to guide the evidence synthesis, the review identifies facilitating factors and barriers at the individual, community and society levels that influence the demand and uptake of life-saving commodities. The literature review also examines a wide range of evidence for successful strategies to overcome barriers and generate demand for each commodity.

For some commodities—such as ORS, zinc and the female condom—there were a large number of studies available. However, the evidence base for demand generation for other commodities, especially the newborn health commodities, is extremely limited. It is clear that additional research is needed in these areas.

Cross-cutting Conclusions and Recommendations

Based on the available evidence, summary conclusions and recommendations for individual, community and society levels are presented below to guide further research and implementation of demand generation programs.

Individual Level

Analysis of current literature reveals that it is essential to *increase knowledge* among health care consumers and providers about the essential commodities in order

to increase use. Although many of the commodities are primarily provider driven, research shows that both formal and informal health care providers lack knowledge about all essential commodities. As formal and informal providers are key sources of health information for consumers, it is critical to increase knowledge of the commodities among all health care providers. Including even minimally trained birth attendants, pharmacists, community health workers and others in demand generation programs may help increase the use of some of the commodities. Communication messages aimed at health care consumers should be tailored to different audiences (including fathers and caregivers other than mothers) and should be disseminated via all available channels to reach caregivers everywhere, especially those living in remote areas.

Unfortunately, individual demand for inappropriate and ineffective treatments often persists among both consumers and providers. The literature review revealed the need for additional research to *better understand and address existing local practices and demand for such treatments*.



Much of the research indicated that perceived or actual provider bias often prevents consumers from seeking appropriate care and treatment. Trainings should *address provider biases* and provide concrete examples of how to withhold their personal biases when treating patients.

Research shows that many providers are not familiar with treatment options and guidelines for specific commodities, like oxytocin, misoprostol and

magnesium sulfate. At the administrative level, it will be important to ***strengthen guidance and protocols on and communication about certain commodities*** and include health care workers in the development and dissemination of new clinical guidelines in order to help with their adoption.

Community Level

Moving forward it will be important to ***conduct additional research on barriers to demand generation at the community level***. To date, research has revealed very little in this area, especially for magnesium sulfate, injectable antibiotics and emergency contraception. Evidence is needed on the best strategies to educate caregivers and community health workers to support community-level provision of commodities. Additionally, more research is needed to understand why some families refuse or fail to comply with referrals to local facilities for treatment, such as for newborn sepsis. Rigorous evaluation is needed of social marketing approaches and other non-medical channels for provision of commodities such as emergency contraception, the female condom, ORS and zinc, especially through the private sector.

Research revealed an overall shortage of quality health education for all caregivers at the community level about certain illnesses and appropriate prevention or treatment. Moving forward, it will be important to ***provide health education for all caregivers in the community***.

Many health care consumers face considerable barriers to gaining access to health care and are unable to obtain life-saving commodities, even when knowledgeable about them. It is critical to ***increase community-based access to health care*** for all consumers by improving community-based provision of care and increasing outreach to rural and other underserved communities.

Supply-side issues—like stock-outs and breakdowns in the cold chain—appeared often in the literature, especially those related to oxytocin and injectable antibiotics. It is critical to ***ensure an adequate, consistent, affordable supply of life-saving commodities*** in appropriate facilities when implementing demand generation activities.

Society Level

At the society level, several factors were identified as important facilitators for successful demand generation,

including a supportive national and international political environment, in-country manufacturing and respected project leadership.

As evidence shows that political support is crucial to the effective introduction of a new commodity, it is therefore critical to ***increase supportive national and international policies for these commodities***. Favorable policies—such as allowing trained community health workers to treat certain illnesses like newborn sepsis, childhood pneumonia and diarrhea—can facilitate the uptake of the commodities used to treat these illnesses.

Individual countries, as well as regional and international organizations, ***should support the development and adoption of new products that may increase uptake of essential commodities***. New products, like the Uniject™ device for oxytocin administration, have the power to expand the use of certain commodities. Without the support of and regulation by national, regional and international organizations, innovative developments, such as the Uniject™ device, will not be approved and disseminated.

The evidence also showed that social, cultural and religious barriers exist that may deter individuals from asking for and/or using any of the 13 commodities. Gender norms impact a broad array of health issues through social norms and expectations of how men and women should behave in terms of prevention, care seeking and treatment. Although gender norms are difficult to change—because they are so deeply rooted in society—it is critical to ***address gender-related barriers*** to the use of these essential commodities, if scale up is to be successful.

To read the full report, visit <http://sbccimplementationkits.org/demandrmnch/ikitresources/evidence-synthesis/>.

To read spotlights on each commodity from the full report, visit <http://sbccimplementationkits.org/demandrmnch/ikitresources/spotlights/>.

For tools and resources on demand generation for life-saving commodities, visit <http://sbccimplementationkits.org/demandrmnch>.

Reference

¹For assumptions used to estimate lives saved, see UNCoLSC *Commissioner's report* (annex), 2012.