



USAID
FROM THE AMERICAN PEOPLE



U.S. President's Malaria Initiative

Federal Ministry of Health

Substandard and Falsified Malaria Medicines Communication Strategy

**July 2015
Akwa Ibom, Nigeria**

1. Background and Introduction

The continued availability and use of substandard, spurious, falsified, falsely labeled and counterfeit (SSFFC) medicines impedes global efforts to eradicate Malaria, as such medicines result in treatment failure, death, and a distrust of the health system. According to the World Health Organization (WHO), 10 to 30 percent of all medicines in developing countries are substandard or falsified (Mackey & Liang, 2013; WHO, 2011). Anti-malaria medicines constitute the bulk of SSFFC medicines, contributing 52.5 percent and 92.6 percent of all substandard and counterfeit medicines respectively (Hajjou et al, 2015).

The SSFFC medicines situation in Nigeria mirrors global trends but stands out because of Nigeria's peculiar nature – a vast and diverse population with a complex health system. Nigeria's pharmaceutical products are either imported or manufactured domestically, but they reach majority of consumers through Patent and Proprietary Medicine Vendors (PPMV), most of whom are unlicensed and operating illegally. In 2001, an alarming 40 percent of medicines across Nigeria were substandard or fake. Due to aggressive and sustained efforts of the National Agency for Food and Drug Administration and Control in Nigeria (NAFDAC), the proportion of such medicines in circulation has decreased tremendously reaching 16.7 percent in 2005 (Ogundipe, 2011). A recent, yet to be published study conducted by NAFDAC and the United States Pharmacopeia (USP) indicates that less than 10 percent of ACTs in circulation are of poor quality with states in the North East of Nigeria reporting the highest percent.

Although the Government of Nigeria has continued to fight SSFFC medicines through the Food and Drugs department of the Ministry of Health, NAFDAC and the Pharmaceutical Council of Nigeria (PCN), such efforts have mostly targeted the supply side of the problem. Efforts directed at the consumers of SSFFC medicines have been few and have not been evaluated. Only 18 percent of respondents in a perception study conducted by NAFDAC were aware of messages regarding the Mobile Authentication System (MAS) introduced by NAFDAC to enable consumers verify the quality of the medicines they buy. Only few consumers take advantage of the MAS, most still self-prescribe, and even where they encounter fake medicines, consumers rarely report this to relevant authorities.

In response to this situation, HC3 is providing technical support to the National Malaria Elimination Program (NMEP) with funding from USAID/PMI for the purpose of developing and producing tools that can be deployed to change current self-prescribing and malaria treatment practices that encourage the proliferation of SSFFC malaria medicines in Nigeria. The work done in Nigeria will inform the development of guidelines and tools for use in other countries interested in addressing SSFFC malaria medicines.

2. Situation Summary

2a. Problem Statement

Core Problem: Spurious, substandard, falsified, falsely-labeled and counterfeited (SSFFC) malaria medicines are available and being used to treat malaria in Nigeria

Direct Causes: Consumer and Vendor

- Consumer preference and demand for inexpensive medicines
- Consumers (and vendors) do not know how to recognize SSFFCs
- Poor storage and handling of medicines by vendors
- Consumer treatment practices (e.g., home remedies and PPMVs as preferred first line of action)
- Consumers do not report SSFFCs and illegal vendors
- Trust in PPMVs and medicine hawkers

Direct Causes: Systems and Structure

- Weak regulation and poor monitoring of manufacturers, distributors and retailers.
- Weak policies that do not protect consumer rights (e.g., scratch to confirm before paying)
- Stock-outs and limited purchasing options for consumers (e.g., only PPMVs and hawkers available in some locations)
- Non-availability and high cost of standard medicines

Indirect Causes: Consumer and Dispenser

- Belief that there is nothing consumers can do to prevent SSFFCs
- Focus on profits by dispensers
- Low knowledge of the effects of SSFFCs among consumers and vendors
- Availability of SSFFC medicines at lower prices through open markets
- Poor knowledge and ability to use scratchpads or identify NAFDAC numbers and expiration dates on packaging by PPMVs and consumers

Indirect Causes: Systems and structure

- High cost and bureaucracy for product registration
- Inadequately trained personnel to assure quality control of vendors
- Convoluted, unclear medicine distribution system
- Lack of a shared understanding/purpose between PPMVs and Pharmacists
- Weak mobile phone infrastructure for scratch pad purposes
- Greed among PPMVs
- Inadequately informed public

Underlying Causes:

- Poverty
- Low literacy
- Little trust and confidence in the system/authorities
- Myths, misconceptions and folk beliefs
- Decentralized health system (disconnect between Federal, State and LGA levels)

Effects

- Increased morbidity and mortality
- Medicine resistance and adverse effects
- Loss of confidence in health care system and medicines
- Economic loss

2b. Research Gaps and Plans

As shown on the table above, several questions still need to be answered to increase the effectiveness of communication interventions. Such questions include the following among others: Why do consumers prefer PPMVs and medicine hawkers as first point of care seeking? Why are consumers not reporting SSFFCs and illegal vendors? Why do consumers feel there is nothing they can do to prevent SSFFCs? Why are PPMVs not properly storing and handling medicines? Why are consumers not using the scratch pad promoted by NAFDAC? Why do we still have some malaria medicines without scratch pads?

HC3 and NMEP hope to receive continued funding for the production and rollout of the communication tools and materials developed under this strategy. The first step in the envisaged campaign rollout would be state-level assessments that will include a qualitative research component. This will be designed to answer the above and other questions, and provide deeper insights into the Nigeria SSFFC problem.

3. Communication Strategy

This strategy focuses on three key audience segments: all consumers who buy anti malarial medicines; patent and proprietary medicine vendors (PPMV); and policy makers. The specific communication strategy for each of these key audience segments is outlined below.

3a. All consumers who buy anti malarial medicines

Audience Description:

This audience segment includes caregivers of children and people who self medicate for malaria. For the purpose of this campaign, communication will be directed at a sub-segment of this group who have a low social status, low income, low literacy and live in rural areas or urban slums. Many members of this audience segment have a negative perception of health workers, believing that health workers will not treat them nicely, and are unfriendly. They also have problems going to health facilities because of long distances, cost of services and long waiting times. Additionally, there is a perception among these audience members that malaria is normal and that PPMVs or medicine hawkers have the right medicines to treat their ailments.

Desired Behavior/Practice:

Members of this audience segment should take malaria seriously, understand the serious effects of substandard, and falsified malaria medicines on their health and the health of their loved ones, and take actions to reduce or eliminate SSFFC malaria medicines from circulation. These actions include:

- Visit the nearest health facility/trained health care provider when sick
- Get malaria treatment only after confirming it is malaria through a test
- Complete the treatment regime as prescribed by trained provider
- Buy only malaria medicines that have the NAFDAC scratch pad on them
- Use the TOLL FREE scratchpad provided on the medicine packaging
- Check that the package has a NAFDAC number
- Check the expiration date to ensure the medicines are not expired
- Report substandard or falsified medicines to the appropriate authorities.
- Have confidence in health workers

Current Behavior/Practice:

There is a low perception of malaria risk among these audience members as they feel malaria is “normal,” and so they resort to self-diagnosis, herbs and other home remedies. When these do not work, they visit PPMVs or hawkers without any prescriptions from a qualified provider and ask for specific medicines by name or for “something for malaria”. They often do not use ACTs, and they hardly visit the health facility and so do not get to have a malaria test before treatment. The level of knowledge about the NAFDAC scratch pad within this audience segment is poor. According to a survey conducted by HC3 in 2015, more than 50 percent of respondents could not correctly read the batch number on a package of ACTs, and of those who had purchased ACTs in the previous three months only eight percent had used the scratchpad and texted the number for verification.

Key Constraint:

The greatest constraint to the desired behavior is self-diagnosis and self-prescription. If audience members visit health facilities when they feel symptoms of malaria, they would be tested before treatment. Evidence shows that SSFFC malaria medicines are almost not available within the public health system. The second important constraint is that PPMVs who are often the point of first call for these audience members do not know the Government recommended protocol for malaria treatment, neither do they have the authority or access to RDTs. In addition, many buy anti-malarials from open markets, where they are most likely to be substandard or falsified and many do not know how to use nor do they educate their clients to use the scratchpads on ACT packages.

Opportunities:

This audience segment is greatly influenced by PPMVs, community and religious leaders, as well as community-based organizations and Community Oriented Resource Persons (CORPS). This strategy will leverage on the existing relationship between audience members and these community influentials.

Communication Objective:

As a result of our communication, our audience will:

- **Know** that malaria is a dangerous illness that should not be toyed with at home, but should be promptly treated at the health facility; and that self-medication exposes them to substandard and falsified malaria medicines that worsen the malaria problem.
- **Feel** that health workers and health facilities are there for them, and that the time and money spent at the health facility are worth the while since they are protected from SSFFC malaria medicines if and when they use health facilities.
- **Action:** They should go to the health facility if they experience malaria symptoms and demand that they are tested before treatment, buy ACTs from licensed pharmacies or PPMVs, check the packages for a NAFDAC number, check the expiration date, and utilize the scratch pads appropriately.

Key Promise/Benefit:

1. If audience members visit the health center as soon as they suspect malaria, they are more likely to get correct and fast relief from malaria, because at the health center, trained health providers will:
 - Carry out a malaria test to confirm the presence of malaria before treatment
 - Give only good quality malaria medicines
2. If audience members buy only ACT medicines with NAFDAC number, which are not expired, and confirm that the medicines are not falsified by appropriately using the scratch pads, they are protecting their lives and the lives of their loved ones because:
 - When you use the scratch pad as directed, you can tell if the medicine you are buying is authentic or falsified.
 - If you find out that the medicine you bought is falsified and you report that to the appropriate authority, such medicines will be removed from the market, so other people don't buy them unknowingly.
 - If you check the expiration date and NAFDAC number, you are much more likely to get good quality ACTs.

Message Content/Key Message Points

- Not all fevers are malaria; always test before treating for malaria.
- It is best to get tested and treated for malaria at a health facility.
- Buy only ACT medicines, from licensed pharmacies or PPMVs (we need to give some information about how to identify those that are licensed)
- Check the expiration date and make sure there is a NAFDAC number (we need to give information about what the NAFDAC number looks like and how to read the expiration date)
- Scratch the pad and text the number to the toll-free mobile number
- If the medicine does not work, visit the nearest health facility and let the health provider know.
- if you see/suspect any suspicious activities concerning medicines, call the NAFDAC or MAD hotline (provide hotline numbers)

Communication Channels and Activities

Channel	Activity	Tool
Interpersonal Communication and Community Mobilization	<ul style="list-style-type: none"> • One-on-one and group community/health facility-level information/educational sessions • Religious sermons • Participatory community dialogue meetings • Community Theatre 	<ul style="list-style-type: none"> • Flip Charts and SSFFC malaria medicines brochure (booklet) or cue card
Print Materials	<ul style="list-style-type: none"> • Consumer education 	<ul style="list-style-type: none"> • Poster demonstrating how to check ACTs to ensure they are not SSFFC—for PPMV shops, health facilities, pharmacies
Mass Media	<ul style="list-style-type: none"> • Advertising 	<ul style="list-style-type: none"> • Radio spots promoting health facility attendance, testing before treatment and scratch pad use • Radio drama • TV spots to complement radio spot and provide opportunity for graphic representations

3b. Patent and Proprietary Medicine Vendors (PPMV)

Audience Description:

Patent and proprietor medicine vendors operate as informally trained medicine retailers and are legally permitted to sell over the counter (OTC) medications. Their educational backgrounds range widely from semi-literate to trained healthcare workers, but on average most of the PPMVs have secondary education and they are able to read and write. PPMVs are often more accessible in rural areas than health facilities. Their average economic status is low income.

Desired Behavior/Practices:

PPMV should buy malaria medicines only from reputable manufacturers and wholesalers and stock only medicines that have the NAFDAC registration number and the scratch pad, and are not expired. They should get licensed by the PCN and ensure that their medicines are handled and stored in accordance with guidelines provided by NAFDAC and PCN. They should also educate their customers about malaria treatment and sell malaria medicines to only customers who have a prescription or have tested positive for malaria. PPMVs should report suspected substandard or falsified medicines and colleagues suspected of unethical and illegal practice to NAFDAC, using the hotline.

Current/Actual Practices:

PPMV often buy medicines from unregistered distributors in the open market and do not check for NAFDAC registration number or scratch pad. They sell (malaria) medicines on demand from their customers and do not check to see if the customer has taken the malaria test or if they have a prescription. Most are not licensed by the appropriate regulatory body, and do not report suspected SSFFCs and colleagues suspected of illegal practice to NAFDAC or PCN.

Key Constraints:

PPMVs only recently have been authorized by PCN to carry out the malaria test and most have not yet been trained, neither do they have enough knowledge to educate their customers on the appropriate steps to take when malaria symptoms are experienced, or the consequences of taking SSFFC malaria medicines. Another constraint is the lengthy and complicated process in getting licensed by PCN, and easier access to open markets with cheap medicines than licensed retailers or wholesalers where medicines are more expensive but less likely to be SSFFC.

Opportunities:

PPMVs are a captive audience with a well-organized umbrella union-- the National Association of Patent and Proprietary Medicine Dealers (NAPPMED). This provides an opportunity for continuous training and capacity building especially as it relates to malaria case management, medicine procurement, medicine storage and handling.

Communication Objectives:

As a result of our communication, PPMVs will:

- **Know** the negative consequences of stocking and selling SSFFC malaria medicines, as well as the government recommended approach to malaria treatment.
- **Feel** proud of their business and consider themselves an important partner in the Government of Nigeria's efforts to eliminate malaria
- **Action:**
 - Stock only medicines that are not expired and have the NAFDAC registration number and the scratch pad
 - Sell malaria medicines to customers who have a prescription or proof of having had a positive malaria test; refer those who have not tested to a health facility for testing
 - Procure medicines from licensed distributors, not from open markets
 - Handle and store medicine according to regulatory body guidelines
 - Ensure they are licensed to sell medicines by PCN

Key Promise/Benefit:

If PPMVs join the fight against SSFFC medicines, they will earn the respect of their customers, and that of Government. Government will be more likely to see them as important partners in healthcare and provide them the support to make their businesses better.

Message Content/Key Message Points

- One out of every ten packets of ACTs in Nigeria are substandard or falsified and will not work well to treat malaria. These SSFFC ACTs are most widely available through unlicensed open markets, hawkers, and unlicensed PPMVs, who have not stored or transported them correctly or who have deliberately altered the packaged or contents.
- NAFDAC tests and screens all ACTs that are legally manufactured and imported into Nigeria and puts registration numbers and scratchpads on each packet
- SSFFC ACTs are not effective at treating malaria; thus they can lead to severe illness and death.
- SSFFC ACTs can cause resistance to the active ingredients that treat malaria. If this happens then there will be no medicine that works to treat malaria.
- If you sell SSFFC medicines, your customers will start going elsewhere to buy medicines, because they will see that your medicines do not work. Thus, you will lose business.
- To reduce the likelihood that you are selling SSFFC ACTs:
 - Buy medicines from only registered manufacturers and distributors
 - Stock only medicines that have the NAFDAC registration number and the scratch pad, and that are not expired
 - Report SSFFC medicines to the appropriate authorities

- Report PPMVs who engage in unethical and illegal practices
- Handle and store medicines properly
- The Nigerian Ministry of Health recommends that all clients with symptoms of malaria should be tested before treatment with ACTs. This is because most people who have fevers do not have Malaria.
- Educate customers on the need to test for malaria before treatment
- Do not sell malaria medicines to customers who do not have a prescription or proof of positive malaria test; and provide testing or refer customers with symptoms of malaria for testing.
- Educate customers on how to use the scratch pads on ACTs to verify that the medicines are not substandard or falsified. If they are not authentic, contact NAFDAC on the toll free hotline number.

Communication Channels and Activities

Channel	Activity	Tool
Interpersonal Communication and Community Mobilization	<ul style="list-style-type: none"> • One-on-one and group meetings with PPMVs 	<ul style="list-style-type: none"> • SFFC malaria medicines brochure (booklet)
Mobilization	<ul style="list-style-type: none"> • Participatory dialogue meetings with PPMVs 	<ul style="list-style-type: none"> • PPMV conversation guide
Support Print Materials	<ul style="list-style-type: none"> • Poster- How to handle customers experiencing malaria symptoms 	<ul style="list-style-type: none"> • Sticker- "I am a responsible PPMV..."

3c.1. Regulatory Organizations and Agencies

This audience segment is made up of statutory government agencies and bodies responsible for making drug policy and laws. and/or enforcing relevant policies and laws. Such bodies include the National Assembly, Pharmacists Council of Nigeria (PCN), and NAFDAC.

3c.2. Law Enforcement Agencies

These are government agencies mandated to enforce regulations, policies and laws related to medicines. They include The Nigerian Police, and The Nigerian Customs.

3c.3. Opinion Leaders and Influential Leaders

Opinion leaders /Influential leaders are persons or group of persons in the society who help to shape the thinking of the society. They are well-known individuals or organization that have the ability to influence public opinion on various subjects. Opinion leaders can be politicians, business leaders, community leaders, journalists or the media, elucidators, celebrities and sports stars.

Desired Behaviors/Practices and Current Behaviors

	Desired Behavior	Current Behavior
Regulatory Agencies		
PCN	Build and maintain a collaborative relationship with PPMVs and provide them with the necessary and ongoing capacity support to do better.	Relations between the two have improved over time, but there is no platform for regular interaction between PCN and the PPMVs.

NAFDAC	Ensure that all malaria medicines in circulation have the NAFDAC registration number and scratch pad boldly displayed and that the scratch pad system works all the time. Sustained public enlightenment on SSFFCs.	Eighty percent of malaria medicines have scratch pads, and sometimes there are delays or no responses to users of the scratch pad. Sometimes the process of verification is prolonged.
Nigerian Customs Services	Promptly report all inbound containers with medicines to NAFDAC to facilitate their inspection. Prioritize the clearance of approved medicines to prevent degradation of medicines due to prolonged stay at the ports.	There is inadequate collaboration among NAFDAC, the Nigerian Customs Services and the Nigerian Police.
Nigerian Police	Take SSFFC issues seriously and work with NAFDAC and other bodies to quickly prosecute offenders.	SSFFC medicines-related crimes are not perceived as serious crimes.
Opinion and Influential Leaders/Groups		
Religious leaders	Integrate SSFFC messages in religious sermons	Religious, traditional leaders and celebrities are not paying the required attention to SSFFC-related issues.
Traditional leaders and celebrities	Speak up publicly against SSFFC medicines and serve as campaign ambassadors	
Relevant organizations (e.g.. Federation of Muslim Womens Associations of Nigeria; National Council of Womens Societies; NURTW, etc.)	Serve as platform for the dissemination information about SSFFC medicines to their members	These groups e.g the National Union of Road Transport workers etc do not recognize the effects SSFFC medicines could have on their members and so do nothing regarding this issue.
Media	Use platform to educate/enlighten/ sensitize the general public on the negative consequence of SSFFC malaria medicines, and how to prevent them through editorials, features, articles, radio/tv spots	There is little or no effort by the Nigerian media to advance SSFFC issues in public discourse

Key Constraints:

Besides NAFDAC and the PCN, the key constraint for this audience segment is a lack of knowledge and understanding of SSFFC issues, and what they can do to help. Among the government agencies another constraint is turf-related, with each body guarding its area of jurisdiction zealously. There is also a communication gap between PCN and PPMVs.

Opportunity:

Nigeria just elected a new government with the mantra of change and anti-corruption. This communication initiative will ride on this with the hope that relevant government agencies will embrace a new way of doing things in the spirit of "change". NGOs have indicated interest to support PCN in building the capacity of PPMVs, and there is ongoing orientation for licensed PPMVs by PCN.

Communication Objective:

As a result of our communication, the following will happen:

PCN	<p>Know PPMVs are a crucial link in healthcare delivery in Nigeria.</p> <p>Feel confident that when guided and supported appropriately, PPMVs can be trusted partners</p> <p>Act: Maintain open and clear communication with PPMVs, provide them frequent orientation and training and ensure that the communication trickles down to the grassroots, make the licensing process smooth. Provide toll free lines for the anonymous reporting of unethical practices.</p>
NAFDAC	<p>Know nobody will use SSFFCs if they are not easily available in the Nigerian market</p> <p>Feel responsible for the health of Nigerians and confident enough to tackle the SSFFC problem</p> <p>Act: Ensure that all malaria medicines have a NAFDAC number and scratch pad boldly displayed and that the MAS system works without hitches. Provide toll free lines for the anonymous reporting of SSFFCs and other unethical practices.</p>
Nigerian Customs Services	<p>Know that letting into the country SSFFC medicines undermines the health and wellbeing of Nigerians and does not speak well of the reputation of the Nigerian Customs.</p> <p>Feel a responsibility for the health of Nigerians beyond revenue generation</p> <p>Act: Promptly report all inbound containers with medicines to NAFDAC and facilitate NAFDAC's inspection of such shipments. Ensure that shipments of approved medicines are cleared from the ports without unnecessary delays</p>
Nigerian Police	<p>Know that dealing in SSFFC medicines is a crime as serious as other dangerous crimes as it affects the health of millions of Nigerians.</p> <p>Feel a special responsibility towards helping NAFDAC go after dealers of SSFFC medicines.</p> <p>Act: Investigate, arrest, and prosecute, name and shame SSFFC medicine kingpins</p>
Opinion and Influential Leaders	<p>Know the consequences of using SSFFC medicines</p> <p>Feel that as leaders, they ought to protect their people from SSFFC medicines</p> <p>Act: Make public statements against dealers of SSFFC medicines and urge community members to report such persons. Educate community members about SSFFC medicines and the need to avoid self-medication.</p>

Key Promise/Benefit

If policy makers and opinion leaders work together to address the problem of SSFFC malaria medicines, dealers of these medicines will know that the society will no longer tolerate their actions and Nigerians will respect and trust their leaders knowing that they are living up to their responsibility of protecting the health of all.

Message Content/Key Message Points:

- The National Assembly should review and update The Counterfeit and Fake Drugs and Unwholesome Processed Foods (Miscellaneous Provisions) Act of 1999.

The Nigerian Police should:

- Work with NAFDAC and the Ministry of Health to provide periodic orientation/training for Policemen and Officers on substandard and counterfeit drugs and what is expected of the Nigerian Police Service.
- Work with NAFDAC to proactively investigate, arrest and prosecute persons contravening the counterfeit and fake drugs Act, including persons who hawk medicines on road sides, in motor parks and motor vehicles and in open markets.
- Enlighten members of the public on the counterfeit and fake drugs Act and the resolve of the Police to apprehend and prosecute all offenders.
- Establish a network of informants and telephone lines to enable members of the public anonymously report contraveners of the law.

The Nigerian Customs Service should:

- Work with NAFDAC and the Ministry of Health to provide periodic orientation for Custom Officers on substandard and counterfeit drugs and what is expected of the Custom Service.
- Strengthen the lines of reporting to NAFDAC on all imported medicines.
- Prioritize the clearance of approved drugs to prevent degradation of drugs due to prolonged stay at the ports.
- Collaborate with NAFDAC to inspect containers with drugs at all the borders – Land, Sea and Air

NAFDAC should:

- Work in collaboration with police and other law enforcement agencies to intensify surveillance of substandard and counterfeit medicines especially at the land borders.
- Collaborate with PCN and pharmaceutical companies to stop the manufacturing and importation of substandard and counterfeit medicines
- Expedite action on the destruction of counterfeit drugs once identified to avoid infiltration and circulation into the country
- Advocate for stiffer penalties for drug offenders
- Ensure that all malaria medicines have a NAFDAC number and scratch pad boldly displayed and that the MAS works without hitches.
- Strengthen the feedback mechanism to the public in order to build public trust on giving useful information on counterfeit drugs.

PCN should:

- Create an online platform for registration of practitioners and their facilities to ensure prompt and smooth registration.
- Create a platform where Pharmacist and PPMVs can come together to understand their various roles and responsibilities.
- Create a price regulation mechanism in collaboration with other agencies and manufacturers to ensure price control to minimize the demand for substandard and counterfeit medicines. It can be achieved through expediting the action on the National Drug Distribution System.
- Strengthen the enforcement mechanism on illegal premises to prevent the storage, circulation and use of substandard drugs.

Opinion and Influential Leaders

- Traditional leaders should:
 - Enlightening /mobilize the community on effect of counterfeit and fake malaria medicines and its consequences on the community
 - Ensure only registered vendors are allowed to operate in their communities.
 - Make pronouncement on SSFFC at every available opportunity
 - Solicit support for the campaign in the fight against SSFFC malaria drugs
 - Set up committees to monitor and ensure compliance of activities of vendors in their community
- Religious leaders should:
 - Use platform to create awareness on SSFFC among their faithful.
 - Solicit support for the campaign
- Media should:
 - Use platform to educate/enlighten/ sensitize the public on the negative consequence of SSFFC malaria drugs through editorials, features, articles, radio/tv spots.
 - Generate public discourse via their platform.
 - Provide slots in the print and electronic media to support the campaign.
- Relevant organizations (NURTW, FBOs, FOMWAN, NCWS, etc.) should:
 - Use platform to create awareness among members /community
 - Mobilize support for SSFFC Malaria campaign
- Celebrities should:
 - Be ambassadors for the campaign
 - Serve as PSA (Public Service Announcement) on SSFCC
 - Use goodwill to canvass support for the cause.

Communication Channels and Activities

Channel	Activity	Tool
Interpersonal Communication and Advocacy	<ul style="list-style-type: none"> • One-on-one and group advocacy sessions 	<ul style="list-style-type: none"> • Advocacy toolkit- containing factsheets and what to do for each policy and opinion leader identified above.
Mass media	<ul style="list-style-type: none"> • Media round tables 	<ul style="list-style-type: none"> • Media toolkit- containing guidance on how the media can effectively address SSFCC issues.

Implementation Plan

1. Issue RFP/RFQ for development of communication materials and tools (July 20 – 24).
2. Write Community Conversation Guide, PPMV dialogue guide, SSFFC brochure and SSFFC advocacy factsheets (July - October)
3. Select advertising agency and award jobs (August - October)
4. Work with selected vendors to develop communication materials and tools (October - December)
5. Develop toolkit for media journalists (October – December)