

**MINISTRY OF HEALTH
PROMOTING QUALITY MALARIA MEDICINES IN
MALAWI CAMPAIGN PLAN**

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ACRONYMS

ACT	Artemisinin-based Combination Therapy
CHAM	Christian Health Association of Malawi
GFATM	Global Fund for AIDS Tuberculosis and Malaria
HAC	Health Advisory Committee
HC3	Health Communication Capacity Collaborative
HC4L	Health Communication 4 Life
HES	Health Education Section
HSA	Health Surveillance Assistant
MAD	Make a Difference
NMCP	National Malaria Control Program
PMI	U.S. President’s Malaria Initiative
PMPB	Pharmacy, Medicines and Poisons Board
SBCC	Social and Behavior Change Communication
SSFFC	Substandard, Spurious, Falsified, Falsely-labeled and Counterfeit
USAID	United States Agency for International Development

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. Antimalarial 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). In fact, it is estimated that SSFFC antimalarials contributed to 122,350 deaths in children under five years old among 39 sub-Saharan African countries (Renschler et al., 2015).

Poor quality medicine falls into three categories (Kaur et al., 2015):

- **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 their storage environments, handling or transportation (light, heat, humidity, etc.). Stolen or diverted medicine is at risk of becoming degraded.

According to a desk review, landscaping exercise and stakeholder meeting conducted by the Health Communication Capacity Collaborative (HC3) with support from the Malawi National Malaria Control Program (NMCP) and the United States Agency for International Development (USAID)/President's Malaria Initiative (PMI), both substandard and falsified medicines are present in Malawi. However, the greatest threat to malaria medicine quality is posed by widespread medicine theft, particularly from the public sector to the private and illegal sectors – both within Malawi and across its borders. Malaria medicine diversion increases the risk for degraded medicine, and subsequently treatment failure and resistance. Although the Government of Malawi, USAID, the Global Fund for AIDS Tuberculosis and Malaria (GFATM) and implementing partners have taken action to strengthen the supply chain and improve enforcement, little has been done to raise consumer awareness, change malaria treatment practices and encourage reporting.

In October 2013, the Clinton Health Access Initiative, with support from the Norwegian Embassy, conducted a study on the leakage of medicine and supplies in Malawi. The study found that an estimated \$11,572,886 (or 18 percent of the commodities assessed for this study) were unaccounted for. Malaria commodities had the highest levels of leakage; 52 percent of ACTs and 47 percent of RDTs (Clinton Health Access Initiative, 2013). Supply chain management and malaria specialists have identified several factors contributing to the prevalence of theft, including weak regulatory and enforcement capacity, a culture of corruption and silence, low health worker quality of life and inadequate security in the supply chain.

In response to this situation, HC3 is providing technical support to the NMCP and Pharmacy, Medicines and Poisons Board (PMPB) with funding from USAID/PMI for the purpose of designing a social and behavior change communication (SBCC) campaign to address the issue of malaria medicine diversion, which the NMCP and USAID/PMI hope to implement in partnership with its SBCC partner, Health Communication 4 Life (HC4L). This campaign supports the National Malaria Communication Strategy components dealing with malaria medicine diversion.

2. SITUATION SUMMARY

a. Problem Statement

CORE PROBLEM

Artemisinin-based combination therapy (ACT) meant for use in government and Christian Health Association of Malawi (CHAM) health facilities are being stolen and distributed through the private sector, illegal sellers and across borders into neighboring countries.

DIRECT CAUSES

(Consumer, Health Providers and Traditional/Community Leaders)

- Consumer demand for inexpensive and fast ACTs
- Preference for self-treatment which does not require travelling great distances or waiting a long time for service at a health facility
- Moral degradation/dishonesty among some health workers
- Low income among health workers

DIRECT CAUSES

(Systems and Structure)

- Weak Internal Control Systems
- Weak regulatory/security systems
- Weak law enforcement systems
- Weak sanctions against health workers who steal
- Large private and illegal sector, including market days and individual hawkers

INDIRECT CAUSES

(Consumer, Health Providers and Traditional/Community Leaders)

- Inadequate knowledge of reporting systems
- Inadequate knowledge of dangers of poor quality medicines
- Perception of no consequences
- Lack of community ownership
- Lack of loyalty to the community
- Community unaware of the dangers of self-treatment
- Community unaware of the importance of reporting
- Whistleblowers fear situation where their identity is revealed
- Health Advisory Committee's (HAC) involvement in monitoring drug stock varies between groups

INDIRECT CAUSES

(Systems and Structure)

- Institutionalized corruption
- Drug stockouts
- Long waiting hours (staffing low)
- Distance to the nearest health facility

EFFECTS

- Degraded medicines
- Resistance
- Stockouts
- Reduced access to medicines
- Increased morbidity and mortality
- Undermines reputation of government health services and encourages consumers to buy from unregulated sources where medicines are available

b. Research Gaps

While much is known about this topic, several questions still need to be answered to increase the effectiveness of this communication interventions. Such questions include but are not limited to:

- What is the quality of malaria medicines available through the formal and informal private sector in Malawi?
- What is the knowledge and perception of malaria medicine theft among the general public, health workers and traditional/community leaders?
- To what extent do they believe treating with quality medicines is important? Do they know how to recognize good quality medicine?
- What is known about the formal private sector's supply chain (not including CHAM clinics)?
- Are there certain regions that are more prone to medicine theft or have a greater prevalence of stolen/poor malaria medicines in the market?
- Why do people self-diagnose and treat and what factors influence their medicine source?
- Why are consumers and healthcare workers reporting or not reporting illegal vendors or medicines?

HC3 and NMCP hope to answer some of these questions through the HC4Life baseline survey. Hopefully, the findings of this baseline can provide deeper insights into the Malawi malaria medicine situation and pilferage problem.

3. COMMUNICATION STRATEGY

This strategy focuses on three key audience segments: all consumers who buy antimalarial medicines, health workers who treat clients with fever and traditional/community leaders. The communication strategies for each audience are described below.

a. Primary Audience 1: Consumers

Audience Description:

This audience includes all consumers of malaria medicine in Malawi, including caretakers of children with fever (male and female), people who test positive for malaria and people who get their medicine from the formal public and private sectors with prescriptions, as well as those who self-medicate. The focus will be on men and women aged 15 and older, and populations of lower socio-economic status, living in both rural and urban areas.

Desired Behavior:

Members of this audience should only obtain malaria medicine from licensed medical facilities, pharmacies, drug stores or community clinics. They should report any suspected stolen medicines to health facility advisory committees and/or law enforcement, and participate or initiate community efforts aimed at monitoring public sector medicines and preventing theft.

Current Behavior:

Many consumers use good quality medicine obtained through the formal regulated sector, but many others get medicine that is likely poor quality from private shops, markets or hawkers. They are unlikely to report poor quality or suspicious malaria medicines because they do not understand or fear the consequences of medicine theft, or because they do not want to go against the status quo. They may not know where or how to report suspected stolen or poor quality medicine, or may not feel they have a responsibility or ability to change things. They may not see how their buying practices influence the medicine market as a whole.

A culture of silence exists among this audience which prevents them from reporting pilferage. Some fear reprisals and lack faith in the law enforcement and correctional system. Many do not know where to report or whom to report to. Others benefit in some way from the status quo.

Obstacles/Constraints to Adopting the Desired Behavior:

- A culture of silence. Most people do not want to disturb the peace, and often the people who are involved in theft are relatives or friends.
- Institutionalized corruption covers its tracks, making it difficult to find evidence or prosecute. This creates an attitude of fatalism among the audience.
- A low risk perception around poor quality medicines and theft. The audience does not see how the problem affects them.
- The audience does not feel that public health facilities and the medicines they provide belong to them. They do not feel any responsibility for public sector medicines and medical supplies.
- Desire for inexpensive medicine in the face of stockouts, as well as the temptation to avoid travel and long wait times at hospitals that may be stocked out.
- Perceived or actual economic benefits from the status quo.

- Unaware that stolen medicines are likely to be degraded or counterfeit, and therefore less likely to treat malaria effectively.
- Lack awareness concerning where to report suspicious or stolen malaria medicines.

Communication Objectives:

As a result of our SBCC intervention, consumers of malaria medicines will:

- Know that antimalarial medicines available in public health facilities are procured using public funds, are of good quality and are effective for malaria treatment.
- Value and take steps to buy good quality malaria medicine.
- Feel they have a responsibility to contribute to the prevention of pilferage of antimalarial medicines by supporting the formal market and reporting suspected medicines.
- Participate in community initiatives aimed at preventing and ending pilferage of antimalarial medicines.

Key Benefit Statement:

Accessing antimalarial medicines from licensed sources and avoiding/reporting sources of suspected stolen medicines will improve the availability of good quality malaria medicines at low cost, ultimately leading to healthier families.

Supporting Points:

- Not all fevers are malaria. Get tested for malaria at a government or CHAM health facility, and only take malaria medicine if you test positive.
- Good quality malaria medicine is available in Malawi through licensed pharmacies, drug stores, government and CHAM health facilities and community clinics.
- Malaria medicines provided by the government are only for prescription by government health facilities and community clinics, and are provided free of charge. If you find them anywhere else, they have been stolen.
- Stolen medicines sold in markets or by hawkers or shops are usually not stored correctly and lose their potency. They may not work to treat malaria effectively.
- Malaria medicine provided through the government belongs to the people of Malawi. It is meant to be provided free of charge. When malaria medicine is stolen, this results in stockouts and means you will need to travel to other health facilities or purchase malaria medicine from a licensed pharmacy or drug shop, when you should have gotten free treatment.
- You can help ensure good quality malaria medicines are available in your health facilities by reporting suspected stolen medicine to your health advisory committee or through the toll-free TIPS Hotline.
- Use case studies to show individuals and communities that have taken no action, leading to adverse results, and others that have acted together to stop medicine theft and had positive results (“karma”):
 - Demonstrations
 - Personal testimonies
- Calls to action by influential people.

Message Content/Tone:

Factual and empowering.

Media/Communication Channels:

- Mass media: radio (national and community) spots, reporting, drama series and talk shows
- Mass media: television talk shows, reporting and spots
- Print: Add messages to the Family Health Booklet; job aids for use during community meetings
- Mobile text message reminders
- Community dialogue meetings
- School health education programs

b. Primary Audience 2: Health Providers

Audience Description:

This audience includes facility-based health workers, including doctors, nurses, lab technicians, pharmacists and health surveillance assistants (HSAs). While these providers work in a range of settings, most work in rural settings. They have at least a secondary school education and receive approximately \$50 per month salary.

Desired Behavior:

Members of this audience should safeguard commodities (including malaria medicines) from theft, misuse or damage; manage commodities in an accountable manner; and confront and report colleagues who steal or misuse medicines and commodities.

Current Behavior:

While many health workers are honest, some steal and sell antimalarial medicines to other channels, like hawkers or private hospitals. Even those who are not involved in theft do not report or denounce malpractice/pilferage, contributing to a culture of silence. Many are not accountable, may not follow treatment guidelines or keep up-to-date and accurate records.

Additionally, some have an unfriendly attitude toward clients, which influences the way people view the quality of their health care and their willingness to overcome barriers to utilize government health services. Most do not educate clients about how to protect themselves from poor quality malaria medicines and the benefits of using good quality medicines.

Key Obstacles/Constraints to Adopting the Desired Behavior:

- Some health workers are dishonest or have poor ethics. They feel they have rights that are not being fulfilled through the system, and do not feel a duty to protect commodities or supplies.
- If they are not involved in theft, they do not see any point in denouncing those who are, asking, “What good will it do if I report/denounce?”
- Cost of living is high, and health workers’ salaries are low.
- Punishments for medicine theft are too weak to deter offenders or to encourage others to denounce them.
- Supply and demand imbalances between the regions, leading to an over stock of medicines in one region while there is a shortage and market for them in others.

Communication Objective:

As a result of our SBCC intervention, public-sector health workers will feel responsible to take action to prevent and stop (report/denounce) the pilferage of malaria medicines.

Key Benefit Statement:

Stopping, preventing, reporting and denouncing the pilferage of malaria medicines will give you the satisfaction of having enough medicine to treat clients effectively, improving the health of the community. Rather than the shame of being implicated in medicine theft, you will be recognized and appreciated by the community you serve.

Supporting Points:

- Pilferage of malaria medicines leads to the death of innocent people from treatment failure.

- Health workers are heroes by virtue of their profession – they serve and save lives. Be noble by preventing and stopping pilferage.
- Protecting stocks of malaria medicines from theft will prevent stockouts. Facilities with adequate malaria medicine stocks are better able to serve their communities, which improves their reputations and makes it easier for health workers to do their job.
- Those who are not involved in diverting medicine avoid jail, as well as the public shame and loss of respect that comes with being seen as a corrupt health worker.
- There are confidential ways to report suspected stolen medicine. As health workers are closest to the situation, they can make a big impact by denouncing and reporting diversion.
- Share testimonies and stories of health workers who are involved in malaria medicine theft and are caught, as well as testimonies and stories of health workers whose identity is protected and who benefit from denouncing and reporting other health workers involved in theft.

Message Content/Tone:

Factual and empowering.

Media Communication/Channels:

- Mass media: radio program and spots (national and community)
- Mass media: television programs and spots
- Drama (graphic and realistic)
- Print: posters and stickers
- Meetings with health workers

c. Secondary Audience: Traditional and Community Leaders

Audience Description:

This audience includes leaders, both male and female, living primarily in rural areas. This audience varies depending on the community, but includes the people who are influential and respected in their communities (e.g., elders, faith-based leaders, etc.). Some of their community members are using good quality medicine from the formal regulated sector, but others may buy medicine from open markets or hawkers. They may also buy medicine without first getting tested for malaria, or take partial doses of medicine they have been saving from previous prescriptions.

Desired Behavior:

This audience should encourage their subjects/constituents to visit health facilities for testing and treatment of fevers, discourage self-medication for malaria and mobilize their communities to be vigilant in monitoring and safeguarding medicines at both community and facility levels.

Current Behavior:

They currently provide guidance about the well-being of the community, but may not see malaria medicine pilferage and reporting as a priority or something they can influence. By not speaking up about stolen medicine use and reporting, they contribute to the culture of silence.

Key Obstacles/Constraints to Adopting the Desired Behavior:

While these leaders may know about the health/wellness issues in their community, as well as issues of corruption, they may not know how to report suspected medicine theft, or understand how malaria medicine theft negatively impacts the health of their followers. Some leaders accept bribes and most want to please political leaders who may be involved in medicine theft.

Communication Objectives:

As a result of our communication, traditional and community leaders will:

- Know antimalarial medicines available in public health facilities are procured using public funds, and that when medicines are diverted their ability to effectively treat malaria is undermined.
- Feel responsible for mobilizing their communities to provide checks and balances and report medicine pilferage.

Key Benefit Statement:

Promoting a culture of accountability, as well as stopping, reporting and denouncing instances of medicines pilferage, improves the availability of quality malaria medicines in your community, resulting in more effective treatment of malaria, and therefore healthier lives.

Supporting Points:

- Encourage community members to buy and consume malaria medicine from licensed pharmacies, health facilities and drug stores, and to report any suspected stolen malaria medicines.
- Spearhead local community efforts aimed at breaking the culture of silence by monitoring medicines supplied to government health facilities, and reporting theft to health facility advisory committees, national hotlines or law enforcement. Promote accountability and develop reporting mechanisms that make sense within their community.
- Formulate/endorse by-laws that restrain subjects and/or health workers from medicine theft.

- Pilferage weakens the effectiveness of malaria medicine – you cannot guarantee stolen malaria medicine has enough of the active ingredient needed to treat malaria.
- Malaria medicines are purchased for government health facilities with public funds and they belong to the people of Malawi, so communities need to protect them from pilferage.
- Holding community members accountable by reporting pilferage and developing other mechanisms for checks and balances are ways to protect communities from the effects of malaria medicine pilferage. Leaders who speak out will be respected and recognized, and also help their communities to be more productive and healthy.
- By not addressing the subject, and sometimes actively contributing by taking bribes, leaders put themselves and their family members at risk for serious health problems, and are personally contributing to creating and sustaining a culture of silence and a market for diversion.
- If caught accepting bribes or contributing to the problem, leaders will be seen as immoral and lose respect in their community.
- Describe how to report suspected stolen medicines using the TIPS Hotline.
- Share examples of community practices that successfully protect malaria medicine from pilferage.
- Demonstrate the advantages to leaders and communities of actively protecting malaria medicines supplies and use at their health facilities.

Message Content/Tone:

Factual and empowering.

Media/Communication Channels:

- Mass media: radio (national and community)
- Print: leaflets/flyers, job aids and illustrated stories for use during meetings
- Meetings with Area Development Committees
- Community advocacy meetings
- Orientations for leaders

4. CAMPAIGN IMPLEMENTATION

1. HC3 will complete and share the Malawi Quality Malaria Medicines landscape document (based on information from the literature scan and key informant interviews) with the NMCP, HES and the SBCC Working Group.
2. HC3 will also share this Campaign Plan with NMCP, PMI, HES, HC4L and the SBCC Working Group for review and comments.
3. HC3 will revise the document according to review comments.
4. The revised campaign plan will go for final review by HES, NMCP, the SBCC Working Group and HC4L.
5. HC4L will conduct its baseline survey, incorporating questions concerning malaria medicine purchasing and treatment practices, as well as knowledge and attitudes concerning malaria medicine pilferage. The SBCC Working Group will review the campaign plan in light of these findings and adapt as necessary.
6. HC4Life will support HES and NMCP to implement the campaign plan in partnership with the SBCC Working Group and other partners, which may include: Ministry of Health/NMCP Drug Theft Investigation Unit, PMPB, "Make a Difference" (MAD) Malaria Hotline/TIPS line, the United Nations International Children's Emergency Fund (UNICEF) Social Accountability Campaign and the Malawi Health Equity Network, which works with HACs, Local Government Access Project, Onse Project (community mobilization work), Options UK, Health and Rights Education Program and Health Journalist Associations.

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