MINISTRY OF HEALTH

THE REPUBLIC OF UGANDA

UGANDA NATIONAL COMMUNICATION STRATEGY

FOR PROMOTING

RATIONAL USE OF MEDICINES

May 2009

Foreword

The publication and dissemination of the Uganda National Drug Policy (NDP) by the Ministry of Health in October 2002 was seen as a great landmark in the development of the health sector in general and the pharmaceutical sector in particular. The momentum generated resulted in development of the National Pharmaceutical Sector Strategic Plan (NPSSP) as a guide to the implementation of the policy. Great strides have been made ever since in the development of the pharmaceutical sector. Nevertheless a number of constraints and challenges still remain.

While access to media and health information has improved among the general population in the country, irrational use of medicines remains a big problem leading poor health outcomes for individuals and the community at large. The MOH has also recognized that effective implementation of policies like the NDP requires the participation and shared vision of policy makers, implementers, technical programmes, local leaders and the public at large.

The general purpose of the strategy is to provide a framework and guidelines to assist the stakeholders at various levels develop Information, Education and communication (IEC) as well as Behavior Change Communication (BCC) interventions to promote rational use of medicines

We believe that the roll out and effective dissemination of the communication strategy will reduce the risks associated with unnecessary and inappropriate use of medicines, improve patients health outcomes, minimize antimicrobial resistance, limit the financial burden for the poor and contribute to the overall reduction of morbidity and mortality.

This strategy highlights the main behavioral issues and message concepts for the different target groups. It also outlines the roles of each stakeholder and coordination mechanisms for smooth implementation

The implementers of the strategy will find it useful in addressing issues on rational use of medicines. This will ensure that patients receive medicines appropriate to their clinical needs and individual characteristics, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and the community.

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List of Abbreviations

BCC	Behavior Change Communication
CBO	Community Based Organizations
CDD	Community Drug Distributors
CHWS	Community Health Workers
DHT	District Health Team
GDP	Good Dispensing Practices
GPP	Good Prescribing Practices
UCG	Uganda Clinical Guidelines
UNF	Uganda National Formulary
EE	Entertainment and Education
FBOs	Faith Based Organizations
HSD	Health Sub District
HUMCs	Health Unit Management Committees
IEC	Information, Education and Communication
IPC	Interpersonal Communication.
KABP	Knowledge, Attitude, Behavior and Practices.
MTCs	Medicines and Therapeutic Committees
NDP	National Drug Policy
NGO	Non- Governmental Organizations
RUM	Rational Use of medicines
POM	Prescription only medicines
STGs	Standard Treatment Guidelines
VHT	Village Health Teams
WHA	World Health Assembly
WHO	World Health Organization

Key concepts in the strategy:

•   **Communication Strategy:** these are guidelines in planning, implementation dissemination and evaluation of advocacy & social mobilization on safe medicines use.

•   **Behavior Change Communication** (BCC): Behavior change communication (BCC) is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behavior change. BCC employs a systematic process beginning with formative research and behavior analysis, followed by communication planning, implementation, and monitoring and evaluation. Audiences are carefully segmented, messages and materials are pre-tested, and both mass media and interpersonal channels are used to achieve defined behavioral objectives.

Information, Education and Communication (IEC) combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviors and change social conditions.

•   **Rational use of medicines** (RUM) means that patients receive medicines appropriate to their clinical needs, in doses that meet their own individual requirements, for an adequate period of time, and at the lowest cost to them and the community.

•   **Health care provider** is a trained person in one or more medical disciplines and this individual could be a Pharmacist, Medical Doctor, Nurse, Health Educator, Dispenser, Pharmacy Technician and midwife. These are important target groups in the strategy to improve rational use of medicines.

•   **Message concepts for RUM: T**hese are ideas/themes from which a series of promotion materials for effective use of medicines can be developed. Different messages can be identified to address facts on RUM, roles of different actors, importance of RUM in improving individual's health, basic skills in counseling patients on RUM and procedures for dispensing.

•   **Strategies for RUM** these are broad sets of approaches that help to translate the communication strategy for RUM into plans and actions through identifying specific activities under them. For example social mobilization is a process, which requires sensitization and orientation to be carried out in order to strengthen partnership in implementing RUM activities.

•   **Process indicators:** These are immediate measures to monitor progress towards achieving specific objectives.

•   **Outcome indicator:** These are indicators measure the broader results achieved through the interventions made.

•   **Alternative medicine** encompasses any healing practice "that does not fall within the realm of conventional medicine". Commonly examples include naturopathy, chiropractic, herbalism, traditional Chinese medicine, Unani, Ayurveda, meditation, yoga, biofeedback, hypnosis, homeopathy, acupuncture, and diet-based therapies, in addition to a range of other practices. It is sometimes referred to as **complementary medicine**

Executive Summary

Goals and objectives of the RUM communication strategy

The National Communication Strategy for RUM has been developed to provide the framework that will guide all stakeholders on how to approach RUM and also spell out a coordination mechanism that will improve both effectiveness and efficiency of interventions. The main goal is to contribute to increase access to medicines through improvements in prescribing, dispensing and use of medicines. The specific objectives are to:

- Increase awareness patients, prescribers, dispensers about effective use of medicines
- Promote compliance of patients to prescribed medicines
- Promote good dispensing and prescribing Practices
- Promote adherence by health practitioners to treatment guidelines.
- Promote adherence by health practitioners to professional ethics and codes of conduct
- Improve relationship between patients/clients and health workers
- Improve the quality of pharmaceutical services in Drug Shops and Clinics

Target group
The strategy underscores the need to focus on critical audiences relevant in addressing key identified behavioral issues so as to reduce the risks involved in misuse, overuse and under-use of medicines. According to the strategy, the audiences are clustered into 4 main categories that are: National level Policy makers, District level leaders and supervisors, Health facility implementers and the Community as consumers of health services.

Different levels of the target audience require different approaches when delivering messages to inspire behavior change for RUM. Suitable IEC and BCC interventions will be developed using message concepts detailed in the communication matrix in section 5.

Priority Issues
The priority behavioral issues identified for intervention in the strategy are:
1. Wide spread self medication
2. Need for compliance to health workers directives
3. Negative beliefs and misinformation on medicines use
4. Inappropriate Prescrining
5. Poor Communication skill and attitude of health workers on medicines use
6. Unqualified service providers
7. Poor medicines policy implementation
8. Poor medicines supply chain management in the public sector
9. Lack of policy on medicines pricing
10. limited community involvement in matters of medicines use and safety

Implementation Modalities

Rational use of medicines is a goal that requires effort of all stakeholders from policy makers to the medicines use at house hold level. The communication strategy aims at creating awareness not only for the individuals directly affected by misuse of medicines but also for policy makers and implementers who are responsible for resource allocation and enforcement of regulation.

Given the diverse nature of the stakeholders different approaches and sometimes different message have to be developed to reach the different target audiences. The communication matrix in section shows the different levels of the audience the proposed approaches in delivering the messages.

Funding

Communication campaigns require substantial funds for developments of messages, pre-testing and final dissemination. For successful implementation of the strategy the pharmacy division will go all out to disseminate the strategy and advocate for all support they can get from top management of the Ministry of Health and its partners.

The division will have to mobilise partners and MOH programmes to ensure that where funding has been put aside for procurement and distribution of medicines the campaign for rational use of the medicines is not left out.

Overall coordination of strategy implementation

It is envisaged that coordination of the different stakeholders during the implementation of this strategy will be the function of the National Coordination committee for RUM. This committee will be headed by The Pharmacy and Medicines Supplies Division and include members from Health Promotion and Education Division. Other stakeholders will be co-opted as deemed fit by the permanent committee. The role of the committee will include

1.   Dissemination of the RUM communication strategy

2.   Guide and coordinate the implementation of the strategy

3.   Collaborate with partners in development of IEC/BCC material in line with the strategy

4.   Final approval of material content and approaches for their use and dissemination

5.   Oversee implementation of Pre-test of materials

6.   Guide and coordinate Monitoring and Evaluation activities

Monitoring and Evaluation

Continuous Monitoring of implementation of IEC and BCC activities for promotion of RUM will be one of the pillars necessary for the successful outcomes of the strategy. It will be the responsibility of the National RUM Coordination Committee to ensure all planned activities have a component of monitoring that assesses progress and efficiency. A number of process indicators are proposed in the communication matrix in section 5. The process indicators can be modified to suit individual interventions undertaken.

In addition the committee will periodically commission an evaluation exercise to measure the impact of the intervention on the level of awareness and behaviour change in the different target groups.

The initial stage in the evaluation process would involve a base line qualitative and quantitative survey to collect the benchmark data.

A final evaluation will take place 5 years after the launch of strategy to determine the level of behaviour change. At this stage a review of success and failures will be appropriate and a new strategy will be developed taking into consideration other developments in the sector.

1.0 Background

Global perspective on Rational Use of Medicines

According to the WHO more than half of all medicines are prescribed, dispensed or sold inappropriately, and that half of all patients fail to take them correctly. This has resulted into wastage of scarce resources and widespread health hazards.

Evidence available to WHO, showed that in 2003, out of the various interventions implemented by countries to promote rational use of medicines, information to the public ranked 3rd as most common after, updated Essential Medicines Lists and functional Drugs & Therapeutic Committees in hospitals.

In 2005, during the discussions at the Fifty-eighth World Health Assembly of rational use of medicines by prescribers and patients in the context of the threat of antimicrobial resistance to global health security and the adoption of resolution WHA58.27 on improving the containment of antimicrobial resistance, many Member States underlined the need for more to be done to rectify the irrational use of medicines, which remains a serious global problem.

The definition of rational use of medicines was formulated at the Conference of Experts on the Rational Use of Drugs held in Nairobi Kenya in 1985, and endorsed by resolution WHA39.27 on the revised drug strategy and resolution WHA54.11 on the revised medicines strategy. The aim of WHO's medicines strategy based on resolution WHA54.11, is that people everywhere have access to the essential medicines they need; that the medicines are safe, effective and of good quality; and that the medicines are prescribed and used rationally. WHO's goal in this area is to ensure that medicines are used in a therapeutically sound and cost-effective way by health professionals and consumers in order to maximize the potential of medicines in the provision of health care.

About 40% of country health budgets are spent on medicines. Evidence suggests that more than half all medicines in developing countries and a substantial proportion of medicines, particularly antibiotics, in developed countries are used inappropriately, thus wasting often-scarce resources. In addition, irrational use of medicines results in poor patient outcomes and can cause harm to patients. Antimicrobial resistance, dramatically increasing worldwide as a result of inappropriate overuse of antibiotics, causes significant morbidity and mortality. Likewise, adverse drug reactions and medication errors, coupled with overuse of the greater number of drugs available, cause significant morbidity and mortality. Such harm can only be minimized through adequate measures against the irrational use of medicines.

Evidence available to WHO shows that, at primary health care level in Africa, Asia and Latin America Regions, only about 40% of all patients were treated in accordance with clinical guidelines for many common conditions, and that there has been no improvement over the past 15 years.

For instance, fewer than half of all patients with acute diarrhea were treated with oral rehydration salts, yet more than half were given antibiotics. While just over half the patients with pneumonia were treated with appropriate antibiotics, more than half of all patients with viral upper respiratory tract infection received antibiotics inappropriately.

The data go on to show clearly that the use of medicines in the private sector was often worse than in the public sector. For example, about 40% of cases of acute childhood diarrhea were treated in accordance with clinical guidelines in the public sector as compared to less than 20% in the private-for-profit sector.

The World Health Organization recommends the integrated use of the different strategies to promote RUM and promoting public education about medicines is one of the twelve strategies recommended by WHO that, countries should use to promote RUM.

Uganda perspective on RUM:

A recent study on access to health care in Uganda revealed that that private units far out numbered public units. Public facilities made up only 4.4% of all units, but many of the private units were informal, with limited infrastructure and uncertain quality of services. The main reasons for choice of a provider were convenient location and perceived technical skills (quality) of the provider. Overall, the private for profit facilities, mainly private clinics and drug shops, were the most popular for ambulatory health care, while public facilities were preferred for more serious conditions and for hospitalization

In the same study a house hold survey showed that 40% of people who had an illness sought self treatment. Of those that visited a provider 63% went to private providers while 37% went to the public sector.. Although traditional healers are very numerous, they are not the popular choice for the commonest illnesses such as fever and cough. They were more renown for handling social problems including family relations and wealth. Informal providers comprised of traditional healers and general merchandise shops. These provided care to 11.5% of people who sought for care. While they also treat some illnesses, there is an emerging view that many traditional healers are more of social workers than medical workers.[1]

In another survey on perception of quality of care in public facilities it was reported that lack of essential supplies, unqualified workers and poor communication skills were among the reasons driving patients to seek care in the private sector. [2]

In a survey carried out by the Ministry of Health in 2002 with WHO support revealed that; 30% of patients take inadequate doses of medicines due to limited Knowledge (MOH survey 2002). The study found that there was limited involvement of political, cultural & administrative structures in RUM activities. A recent national household study on access to and use of medicines conducted in Uganda in 2008 with WHO support also concluded that medicines were irrationally used and recommended raising public awareness on medicines' use.

It is common practice that many of the medicine outlets are largely manned by unqualified personnel. In many if not in all of these outlets, Prescription only medicines are dispensed indiscriminately without proper investigations. Patients hardly receive necessary guidance on proper utilization and what side effects to expect. As a result of the indiscimate and inappropriate use increased resistance to a number of antimalarial and antibacterial medicines has been reported. For instance Uganda like many other developing countries has changed the treatment policy for malaria from the affordable chloroquine and SP combination to the more expensive to **artemisinin-based combination therapy (ACT)**.

Studies have indicated increased resistance to the commonly used antibiotics and indeed Uganda has been listed among the countries with multi-drug resistant Mycobactrium Tubeculous strains .

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[1] Konde-Lule, Joseph, Gitta, Sheba, Okuonzi, Sam and Matsiko, Charles Wycliffe, Access to Health Care in Rural Uganda. iHEA 2007 6th World Congress: Explorations in Health Economics Paper. Available at SSRN: http://ssrn.com/abstract=992239
[2] Julie Kiguli1Elizabeth Ekirapa-Kiracho1Olico Okui1Aloysius Mutebi1Hayley MacGregor2George William Pariyo11Makerere University School of Public Health, Kampala, Uganda; 2Instituteof Development Studies, Sussex, UK OPEN ACCESS PAPER MARCH 2009, http://www.dovepress.com/articles.php?article_id=2987

The scenarios described, which have a significant bearing in patients' health outcomes, were attributed partly to inadequate information on medicine use, poor prescribing and dispensing practices, slow implementation of guidelines and regulations and limited involvement of communities and their leaders in educational programmes on RUM.

While a number of interventions have been implemented to address the vice of irrational use of medicines a number of challenges still remain among which are:

- Lack of harmonized communication framework to promote rational use of medicines.
- Failure to bring on board all stakeholders on basic issues like the concept of Essential Medicines
- Failure to make RUM an integral part of all health training institutional curricula
- Low capacity for the promotion of rational use of medicines particularly to rural communities

Rationale and Justification for RUM communication strategy:

While the National Drug Policy (NDP) and National Pharmaceutical Sector Strategic Plan (NPSSP) considers promoting of rational use of medicines as one of the key areas in medicines management little progress has been made in reducing irrational use of medicines. The slow progress is attributed to a number of factors like lack of resources, failure to implement guidelines and uncoordinated implementation of the educational, managerial and regulatory approaches.

It is now understood that lack of a communication strategy developed to guide stakeholders in planning, implementing health promotion activities on RUM makes it difficult to conduct quality educational campaigns to target relevant segmented audiences.

The Health Sector Strategic Plan (HSSP II) provides for increased collaboration in promotion of rational use of medicines in the country to reduce undesirable effects of medicines as a result of irrational use.

The National Communication Strategy for RUM will therefore provide the framework that will guide all stakeholders on how to approach RUM and also spell out a coordination mechanism that will improve both effectiveness and efficiency of interventions

2.0 Rational Use of Medicines (RUM) Communication Strategy

This section deals with strategic vision, mission, goal and objectives of the RUM communication strategy. It also describes the target audience and what modes of communication approaches are suitable for the different groups.

2.1 Vision:

Universal access to accurate and consistent information on rational and safe use of medicines in the Country.

2.2 Mission:

To improve the health of the population by ensuring improved access to medicines through information, education and communication

2.3 Goal:

To contribute to increase access to medicines through improvements in prescribing, dispensing and use of medicines.

2.4 Specific objectives:

- Increase awareness patients, prescribers, dispensers about effective use of medicines
- Promote compliance of patients to prescribed medicines
- Promote good dispensing and prescribing Practices
- Promote adherence by health practitioners to treatment guidelines.
- Promote adherence by health practitioners to professional ethics and codes of conduct
- Improve relationship between patients/clients and health workers
- Improve the quality of pharmaceutical services in Drug Shops and Clinics

2.5 Target audience

The strategy underscores the need to focus on critical audiences relevant in addressing key identified behavioral issues so as to reduce the risks involved in misuse, overuse and under-use of medicines. According to the strategy, the audiences are clustered into 4 main categories that are: National level Policy makers, District level leaders and supervisors, Health facility implementers and the Community as consumers of health services.

- **National Level:** These are mainly policy makers and decision makers at National level they include: Members of parliament, Top management MOH, MOH programmes, Health professional bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, and NURSES), statutory bodies (NDA) and

NGO. These bodies are responsible for resource allocation, policy formulation and development and implementation of guidelines necessary for promotion of RUM

- **District Level:** These are organization responsible for direct supervision of health workers and hence more involved in overseeing the implementation of policies, guidelines and regulations necessary for promotion of RUM. This level comprises groups such as the District Health Team (DHT) , Hospital management teams, Local Government leaders and Community Based organizations (CBO).

- **Health Facility Level:** This group mainly comprises service delivery staff includes those persons that handle medicines and administer it to patients/ clients. It includes Prescribers, Dispensers, Community Drug distributors (CDD) and their immediate supervisors the members of the Health unit management committees (HUMC), Drug shop and clinic Owners

- **Community Level:** These are the consumers of heath services who may get treatment for illness (Patients) or visit health facilities for preventive services as clients. This is a large and diverse group that includes all House holds and their immediate leaders at the Village and Parish level

2.6 Key communication approaches:

Different levels of the target audience require different approaches when delivering messages to inspire behavior change for RUM. The different approaches are described below, but final selection of communication channel will depend mainly on the availability of resources and technical competences

2.6.1   Social Mobilization

It is an approach that builds alliances and partnerships in support of interventions. It aims at increasing participation and ownership of the RUM initiative. This will be done through, workshops, joint events, study tours, periodic meetings and campaigns.

2.6.2   Advocacy

This strategy involves soliciting support for RUM from stakeholders at different levels and mobilization of resources for implementation of the initiative. Advocacy is the process of soliciting support from policy makers, decision makers. This will be done through workshops, joint events, seminars, match, periodic meetings and campaigns.

2.6.3   Training

This strategy involves equipping the target audiences with knowledge and skills about RUM. Effective ways of improving RUM among the health workers have been documented. There is need to include them in the training curricula of health training institutions and also as part of in service training programmes.

2.6.4   IEC and BCC activities

 The Information Education and Communication (IEC) together with Behavior Change and Communication (BCC) approaches have over the years been found to be useful tools in bringing about behavior change. In the context of RUM a one or a combination of IEC/BCC activities will be used to target different stakeholders with the key messages identified. The main categories of activities described below are; Interpersonal communication, Mass media, Collateral media, Enter Educate,

Interpersonal communication (IPC)

This is an approach which provides opportunities for face- to –face interaction between the communicator and the target audience. Its main advantage is that immediate feedback can be obtained from the audience hence improving on understanding of the message. Example of IPC include, counseling sessions, debates and community meetings

Mass media
This is an approach that instantly provides information to a wide group within the community. Its advantage is that it maximizes coverage and can be used to deliver accurate and consistent information. Activities under this approach include: Film shows, TV/Radio talk show, Radio spot, Newspaper supplements, press release, brochures and news letters.

Collateral Media
This approach uses attractive items to disseminate messages. The advantage of this approach is two fold: provide an opportunity for an immediate benefit attached to the message as well as being a continuous reminder for action. Activities under this approach include production of labeled items like T-shirts, caps, bill boards, calendars and umbrellas

Enter-Educate
This approach involves providing information accompanied with entertainment to the target audience. Its advantage is its broad appeal and the flexibility of tailoring messages that takes into consideration cultural value and norms of the target audience. In addition activities can be tailored in such way that feedback can be obtained from the audience leading to better understanding of messages. Activities under this approach include: Drama, Puppetry, Music and Dance

3.0 Priority Issues on Rational Use of Medicines

A number of priority issues have been identified through focused group discussions and literature review as discussed in the introductory part of this document. This section covers the main factors influencing RUM and message concepts that can be developed into communication campaigns to bring about behavior change, as well as a summary of the roles of the different stake holders. A more detailed breakdown of communication strategies for different target groups is shown in the communication matrix in section 5.

3.1 Wide spread Self-medication

As mentioned earlier self medication is a common response to many illnesses by both rural and urban communities. Given the low levels of knowledge about medicines this behavior is likely to lead to misuse of medicines with many undesirable consequences for the individual and the community at large. For instance taking under dose of antimicrobial drugs results in development of resistant strains which then require use of newer more expensive medicines.

Factors that contribute to hazards of self medication:
1.   Lack of knowledge on the appropriate use and risks of self medication
2.   Poor attitudes of health workers towards patients
3.   Negative attitude of clients towards health worker in public facilities pushing clients to seek treatment in private clinics and drug shops
4.   Untrained and unauthorized people dispensing and selling medicines
5.   Non-availability of medicines in government health units
6.   weak medicines regulatory systems

Message concepts

- Factor that lead to self medication and the risks of self medication
- Roles of Policy makers, MOH, District Health Team, local government and community leaders in minimizing the risks associated with self medication
- Self medication: When and when not to self medicate
- Risks of self medication

3.2 Need For Compliance to health workers directives

 Both prescribers and dispensers give instructions on how to use medications either verbally and/or in written form. Compliance to their directive is still poor among patients and care givers. The challenge is bigger when patients have to take drugs for long periods like in chronic illness or diseases like tuberculosis.

Factors that contribute to non adherence to prescribers instructions;

1. Adverse Drug Reactions (ADRs)
2. Ineffective communication between health workers and clients that is poor prescribing and poor dispensing practices
3. Pill burden (polypharmacy)
4. Route of administration
5. Cost of medicines
6. Peer pressure

Message concepts
- Compliance to Health workers instructions- Why it is necessary
- Risks associated with non compliance
- Causes of non compliance
- Improve compliance- Good Dispensing Practice, Concordance, Follow up, DOTS
- Handling ADRs
- Roles of Policy makers, MOH, District Health Team, local government and community leaders in promoting compliance to prescribers and dispensers advice-
- Adherence to quality standards of practice- GPP, GDP, Use of UCG, UNF

3.3 Negative beliefs and misinformation on medicines use

Consumer behavior is strongly influenced by beliefs and prevailing wisdom within the community. Availability and access to reliable information is also an important factor in the choices made by consumers. In the context of rational use of medicines, patients and prescribers have little access to unbiased or accurate information and may have to rely on sources that represent certain interests. It is always difficult for consumers to determine the reliability of information given to them. Poor prescribing attitudes contribute to negative beliefs exemplified by the popular understanding that injections lead to better treatment

The situation is compounded with the rapid introduction and vigorous campaigns for the adoption of alternative medicine. The common example is the proliferation of herbalists, the introduction of such unproven treatment methods like the bio-disk and magnetic ring which are claimed to treat all diseases from diabetes and hypertension to HIV/AIDS. Regulation and control of the alternative remedies has lagged, leaving the population at the mercy of the promoters.

Factors that contribute to negative and inaccurate information on medicines:

1. Cultural/religious beliefs and practices that lead to poor attitudes of patients towards use of medicines
2. Lack of knowledge on benefits, safety and effectiveness of medicines due to poor prescribing and dispensing practices
3. Peer pressure in response to vigorous promotion of alternative medicines
4. Unethical promotion/ marketing of medicines and insufficient controls by NDA
5. Inadequate empowerment of health service consumers
6. Poor performance of the regular health care environment

> **Message concepts**
> - Ethical promotion of medicines
> - Factors that lead to unethical promotion of medicines
> - Regulation and control of medicines promotion
> - Alternative medicines. What are they
> - Patient rights with regard to RUM
> - Sources of objective information on medicines
> - Unfounded beliefs about medicines
> - Roles of Policy makers, MOH, District Health Team, local government and community leaders in ensuring ethical promotion of medicines and regulation of alternative medicine practices

3.4 Inappropriate Prescribing

The most common form of inappropriate prescribing is polypharmacy where by patients is prescribed more drugs than necessary. It is an attempt by health workers to treat every symptom the patient presents with instead of tackling the underlying cause. The practice is more common though not limited to the private sector where the majority of people pay for care out of pocket. Other forms irrational prescribing includes overuse of antibiotics and giving unnecessary injections.

Factors that contribute to inappropriate prescribing

1. Inadequate no of trained health workers leading to proliferation of unqualified prescribers
2. Inadequate patient counseling skills resorting to medicines as the answer to every ill
3. Poor diagnostic facilities or underutilization of existing diagnostic facilities
4. Profit motive leading to prescribing of unnecessary medicines.
5. Non-adherence to available STGs or STGs not up to date
6. Client pressure due wrong beliefs
7. Stock out and failure to afford medicines
8. Opportunities for Continue professional developments minimal

> **Message concepts**
> - Good Prescribing and Dispensing Practices
> - Importance of Standard Treatment Guideline (STG)
> - The role of Policy makers, DHT, health workers and community leaders in ensuring availability and use of good diagnostic facilities and good prescribing and good dispensing practices at all levels of care
> - Patients rights regarding medicines use- Concordance
> - Role of prescribers in educating patients and managing expectations on medicines
> - Patient Pressure- causes , risks involved, solutions

3.5 Poor communication skills & attitudes of health workers on medicine use

Good Communication and interpersonal skills for health workers is a prerequisite if patients are to receive maximum benefit from medicines prescribed and dispensed. Previous studies on prescribing and dispensing time show that little attention is paid to clear communication between providers and clients on issues of medicine use. A number of factors related to the provider and the working environment impact the level of communication and attitude of health workers. The possible factors are:

1. Inadequate knowledge and skills of the prescriber and dispenser
2. Unmotivated staff & poor working environment at the health facility
3. Heavy workload
4. Poor reading culture /lack of commitment
5. Lack of up to date literature

Message concepts
- Facts about motivation and workload among health workers
- Importance of Job descriptions and appraisal of Health workers
- Importance of support supervision and mentoring to heath worker performance
- Importance of Good communication skills for prescribers and dispensers
- Effective support supervision and appraisal
- Training health workers in good communication skills
- Facts about Good communication skills
- How HW can gain out of support supervision visits
- How Patients can work together with HW for better outcome
- How Patients can get more information from health workers
- Role of policy makers, implementers, district leaders and supervisors in motivation of HW

3.6 Unqualified service providers

Over the last two decades the private sector has grown to be largest provider of ambulatory health followed by government and NGO sectors. While efforts have been made to ensure that guidelines are in place to regulate the private health sector, implementation has been weak. As result a significant number of PFP employ unqualified staff. A recent study showed that close to 30% percent of attendants in drug shops have no medical qualifications. In the public sector a good number of service providers at health centre II are nursing assistants with no formal training

Factors that contribute to employment of unqualified staff;

1. Inadequate enforcement of legislation & regulations
2. Health services seen as only as income generating activities
3. High level of staff turnover particularly in difficult to reach rural facilities
4. Non availability of legislation on traditional & alternative medicine
5. Unqualified staff command lower salaries

6. Number of staff available in the country does not meet the demand
7. Insufficient recognition and remuneration of qualified staff in public sector

Message concepts
- Facts about handling of medicines by unqualified staff
- Consequences of unqualified people handling drugs
- Laws and regulations governing medicines handling
- Why the laws are not being strictly implemented or enforced Laws and regulations governing medicines handling
- Ethical conduct by health workers handling medicines
- Characteristics of qualified workers and approved institutions
- Guidelines, procedures and rules of handling medicines.
- Role of NDA, Pharmacy council, MOH in ensuring availability of qualified staff and implementation of staff regulations

3.7 Poor medicines policy implementation

A comprehensive National Medicines Policy (NDP) and a strategic implementation plan have been in place at MOH for over 6 years. Implementation has been slow due to a number of factors. Some are listed below:

1. Limited resources both financial and human
2. Poor dissemination of the policies
3. Inadequate investment in communication in particular little investment in advocacy
4. Lack of commitment from the regulators/implementers
5. vested interests

Message concepts
- Facts about the National medicines policy – why, what, how
- Facts about the National Pharmaceutical sector strategic plan (NPSSP)- what , when, who, how
- Human and financial Resources necessary for speedy implementation of NPSSP
- Role of policy makers in facilitating implementation of NDP
- Implementation schedule for NPSSP
- Human and financial resources necessary for implementation of RUM communication strategy

3.8 Poor medicines supply chain management in the public sector

Availability of medicines at health facilities is perceived by both service providers and the community as the most important indicator of the quality of health care services. Quite often patients have visited facilities only to be told that medicines are out of stock. Many studies have documented the frequency

of stock out for essential items and consumer groups have now taken up the issue calling on government to do more.

Factors that contribute to challenges in the public sector medicnes supply chain management

1.   Poor coordination & procurement of medicines at national level
2.   Under spending of PHC funds on medicines by districts and hospitals
3.   Pilferage /theft of medicines
4.   Inefficiency and ineffectiveness of the National Medical Stores
5.   Lack of adequate number of health workers with knowledge & skills in medicines management

Message concepts
- Facts about Supply chain system for health commodities
- Factors leading to inefficiencies and ineffectiveness in the supply chain
- Role of NMS and how to improve its performance
- Importance of supervision in improving performance at district level
- The role of the different national level organization in ensuring an effective and efficient supply chain system for all health commodities
- Procurement and distribution guidelines for health commodities for all levels of care

3.9 Lack of policies on medicines pricing

In the spirit of liberalization, medicines prices for the consumers have been left to market forces. With a sizeable proportion of patients buying medicines from sellers out of pocket, this eats into the family income with some estimates putting it 4 USD per capita. This of course is unbearable in a country where 35% live on 1 USD per day.

Possible causes of lack of pricing policy
1.   Lack of political will and mechanisms to control private market
2.   Lack of social health Insurance scheme
3.   Liberalization of trade in medicines

Message concepts
- Facts about medicines prices including information about cost of individual medicines
- How to control medicines prices
- Medicines prices under the insurance scheme
- The importance of a medicines prices policy
- The role of stakeholders in the formulation and implementation of price policy
- How can patients and clients influence prices for medicines

3.10   *Limited community involvement in matters of medicines use and safety*

Communities stand to gain when they are involved in formulation and implementation of policies that directly impact their well being. This cannot be overemphasised with regards to medicines use where decisions have to be made on almost a daily basis with far reaching implication on the health of the individual and the community at large. Community involvement and awareness is improving thanks to the proliferation of radio stations in the country and increasing role of civil society and community based organisations Nevertheless more still need to be done to raise level of awareness particular with regards to RUM

Possible causes of limited community involvement:
1.   Existing systems are entrenched and critical assessment often lacking
2.   Low degree of involvement of community members in organization of health services in both the public and private sector
3.   Lack of awareness on policies, roles and responsibilities and rights of the community members
4.   Failure by community to demand for their rights due to fear of retribution
5.   Top down approach of policy development and implementation

Message concepts
- What can be the role of community and individuals in medicines policy design, implementation and evaluation,
- How best can community play a role and participate in RUM activities
    o   Areas of medication safety where individuals patients have a large say
    o   Channels were grievances can be handled
    o   Discussion fora where community members are immune from reprisals

4.0   Implementation Modalities of the RUM communication strategy

This section looks at the implementation modalities, overall coordination, the role of different stakeholders in the implementation of the strategy and monitoring and evaluation of the strategy

4.1 Implementation modalities

Rational use of medicines is a goal that requires effort of all stakeholders from policy makers to the medicines use at house hold level. The communication strategy aims at creating awareness not only for the individuals directly affected by misuse of medicines but also for policy makers and implementers who are responsible for resource allocation and enforcement of regulation.

Given the diverse nature of the stakeholders different approaches and sometimes different message have to be developed to reach the different target audiences. The communication matrix in section shows the different levels of the audience the proposed approaches in delivering the messages.

4.2   Funding

Communication campaigns require substantial funds for developments of messages, pre-testing and final dissemination. For successful implementation of the strategy the pharmacy division will go all out to disseminate the strategy and advocate for all support they can get from top management of Ministry of Health and its partners.

The division will have to mobilise partners and MOH programmes to ensure that where funding has been put aside for procurement and distribution of medicines the campaign for rational use of the medicines is not left out.

4.3 Overall coordination of strategy implementation

 It is envisaged that coordination of the different stakeholders during the implementation of this strategy will be the function of the National Coordination committee for RUM. This committee will be headed by The Pharmacy and Medicines supplies Division and include members from Health Promotion and Education Division. Other stakeholders will be co-opted as deemed fit by the permanent committee. The role of the committee will include

7.   Dissemination of the RUM communication strategy

8.   Guide and coordinate the implementation of the strategy

9.   Collaborate with partners in development of IEC/BCC material in line with the strategy

10.   Final approval of material content and approaches for their use and dissemination

11.   Oversee implementation of Pre-test of materials

12.   Guide and coordinate M and E activities

4.4   Role of different stakeholders

As shown in the communication matrix in section 5 stake holders have divided into 4 levels, namely National, District, health facility and community level. The main roles at each level in the strategy is summarised in Table 1

Table 1: Summary of role of different stakeholders in implementation of RUM strategy

Level	Roles
National Level: These are mainly policy makers and decision makers at National level they include: Members of parliament, Top management MOH, MOH programmes, Health professional bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, and NURSES), statutory bodies (NDA) and NGO. These bodies are responsible for resource allocation, policy formulation and development and implementation of guidelines necessary for promotion of RUM	• To approve and Support policies, standards and guidelines related to RUM • Allocate resources for RUM activities. • Advocate for free airtime for RUM on radio and TV Stations. • Provide financial and other resources. • Advocate for increased support for RUM activities. • provide technical support in the area of RUM to partners • Conduct routine monitoring of RUM activities • Mobilize financial and other resources. • Implementation of RUM initiatives. • Advocacy for RUM initiatives. • Development of RUM materials • Conduct operational research • Conduct M&E • Provide national communication frameworks for promotion and education on RUM • Provide prominence to RUM coverage. • Disseminate messages on RUM through mass media channels (electronic & print) • Provide financial and other resources. • Provide technical guidance. • Participate in RUM National review for a Develop, package RUM-related messages and dissemination at all levels to the segmented target audiences. • integrate appropriate messages in other health • Design an operational plan and implement the RUM strategy. • Coordinate RUM activities in liaison with the RUM district focal person.
• **District Level:** These are organization responsible for direct supervision of health workers and hence more involved in overseeing the implementation of policies, guidelines and regulations necessary for promotion of RUM. This level comprises groups such as the District Health Team (DHT) , Hospital management teams, Local Government leaders and Community Based organizations (CBO).	• Participate in pre-test of IEC/BCC materials • Provides technical support to lower levels • Include RUM activities in their work plans • Train staff on materials development and dissemination. • To participate in the development of messages/materials for RUM using the communication strategy. • Draw and implement operational plans using the RUM communication strategy. • Advocate for increased funding for health services including RUM interventions • Provides technical support to lower levels
• **Health Facility Level:** This group mainly comprises service delivery staff includes those persons that handle medicines and administer it to patients/ clients. It includes Prescribers, Dispensers, Community Drug distributors (CDD) and their immediate supervisors the members of the Health unit management committees (HUMC), Drug shop	• Implement RUM activities using the communication strategy. • Integrate RUM activities in their Programmes. • Use the communication strategy to develop and disseminate RUM messages. • Provide Feed back on health services including RUM • Role models to give support on RUM communication • .

and clinic Owners	• Disseminate RUM messages to the electorate. • Conduct community mobilisation.
• **Community Level:** These are the consumers of heath services who may get treatment for illness (Patients) or visit health facilities for preventive services as clients. This is a large and diverse group that includes all House holds and their immediate leaders at the Village and Parish level	• Integrate RUM activities in their programmes. • Disseminate RUM messages. • Mobilize communities for service utilization. • Participate in the development of RUM promotion materials. • Integrate RUM activities in their programmes. • Disseminate RUM messages. • Mobilize communities for service utilization. • Disseminate RUM messages through interpersonal communication forums: • Support referral systems. • Distributes I.E.C materials on RUM. Participate in translating RUM I.E.C materials.

4.5 Monitoring and Evaluation

Monitoring

Continuous Monitoring of implementation of IEC and BCC activities for promotion of RUM will be one of the pillars for the necessary for the successful outcomes of the strategy. It will be the responsibility of the National RUM Coordination Committee to ensure all planned activities have a component of monitoring that assesses progress and efficiency. A number of process indicators are proposed in the communication matrix in section 5. The process indicators can be modifies to suit individual interventions undertaken

Evaluation

In addition the committee will periodically commission an evaluation exercise to measure the impact of the intervention on the level of awareness and behaviour change in the different target groups.

The initial stage in the evaluation process would involve a base line qualitative and quantitative survey to collect the benchmark data.

A final evaluation will take place 5 years after the launch of strategy to determine the level of behaviour change. At this stage a review of success and failures will be appropriate and a new strategy will be developed taking into consideration other developments in the sector

Communication Matrix for Rational Use of Medicines

Behavioral Issue 1 : Widespread self medication

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Increased awareness on dangers of self medication • Lobby for more resources for promotion of RUM • Include RUM in programme activities • Promote policies that enhance HW morale	• Facts about Self medication • Dangers of self medication • Causes self medication • How to reduce of self medication • Role of national level organizations in reducing the occurrence of self medication	• Meeting/ Workshops • News paper pull out	• Number of meetings held on RUM
District	• DHT • Hospital Management • Local governments • CSOs	• Increased awareness on dangers of self medication • Distribute and promote the use of RUM guidelines • Participate in activities geared to promote RUM • Include RUM activities in district plans	• Facts about Self medication • Dangers of self medication • Causes self medication • How to reduce of self medication • Role of District Managers in reducing in reducing the occurrence of self medication	• Workshops/mee tings • Published guidelines • Radio talk shows • News letters	• Number of Meetings with district leaders on RUM
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD)	• Increased awareness on dangers of self medication • Better communication between clients and health workers • Disseminate information (materials) on dangers of self medication	• Facts about Self medication • Dangers of self medication • Causes self medication • How to reduce of self medication • Role of Health workers and CDDs in reducing the occurrence of self medication	• Training Workshops • Published guidelines • Radio talk shows • News letters	• Number of workshop held to sensitize health worker on self medication. • Number of facilities with guidelines • No of programmes in the media
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased awareness on dangers of self medication • Better attitude towards health workers • More visits approved sources of health services	• Facts about Self medication • Dangers of self medication • Causes self medication • Good sources of medicines	• Radio talk shows • Radio drama • Public dialogue • Posters	• Number of programmes on radio, TV and newspapers addressing self medication

Behavioral Issue 2: Non Compliance to prescribers directives

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Increased awareness on dangers of non compliance • Lobby for more resources for promotion of RUM • Include RUM in programme activities • Promote policies that enhance HW morale	• Facts about Compliance • Dangers of non compliance • Causes self non compliance • How to improve compliance • Role of national level organizations in promoting compliance to prescribed treatment	• Meeting/ Workshops • News paper pull out	• Number of meetings held on RUM
District	• DHT • Hospital Management • Local governments • CSOs	• Increased awareness on dangers of non compliance • Distribute and promote the use of RUM guidelines • Participate in activities geared to promote RUM • Include RUM activities in district plans	• Facts about Compliance • Dangers of non compliance • Causes self non compliance • How to improve compliance • Role of District leadership in promoting compliance to prescribed treatment	• Workshops /meetings • Published guidelines • Radio talk shows • News letters	• Number of Meetings with district leaders on RUM • Number of radio , Tv programmes on compliance
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD)	• Increased awareness on dangers of non compliance • Better communication between clients and health workers • Disseminate information (materials) on dangers of self medication	• Facts about Compliance • Dangers of non compliance • Causes self non compliance • How to improve compliance • Role of Health workers in promoting compliance to prescribed treatment • How to handle ADRs	• Training Workshops • Published guidelines • Radio talk shows • News letters	• Number of workshop held to sensitize health worker on compliance
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased awareness on dangers of non compliance to prescribers directives • Better attitude towards health workers • More visits approved sources of health services	• Facts about Compliance • Dangers of non compliance • Causes self non compliance • How to improve compliance • Benefits of compliance with prescribers advice • How to handle ADRs	• Radio talk shows • Radio drama • Public dialogue • Posters	• Number of programmes on radio, TV and newspapers addressing compliance • No of posters developed to address compliance issues

Behavioral Issue 3: Negative beliefs and Misinformation on medicines use

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Promote development and implementation of policies that prohibit unethical conduct in medicines promotion • Advocate for more resources to enforce regulations on medical promotion and sell of alternative medicine • Advocate for development of policies to regulate and monitor use of alternative medical practices • Promote activities of health consumer groups that lead to empowerment of the public at large	• Facts about ethical medicines promotion • Facts about alternative medicines • Rights of health consumers • Role of national level organizations in promoting the rights of health consumers	• Meeting/ Workshops • News paper pull out	• Number of meetings held to discuss ethical medicines promotion,, consumer rights, alternative treatments.
District	• DHT • Hospital Management • Local governments • CSOs	• implementation of policies that prohibit unethical conduct in medicines promotion • oversee the implementation of regulations and monitor use of alternative medical practices • Promote activities of health consumer groups that lead to empowerment of the public at large	• Facts about ethical medicines promotion • Facts about alternative medicines • Rights of health consumers • Role of district managers and local government in promoting the rights of health consumers	• Workshops/m eetings • Published guidelines • Radio talk shows • News letters	• Number of meetings held to discuss ethical medicines promotion,, consumer rights, alternative treatments.
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD)	• Increased awareness on dangers of Unethical and treatment methods with no scientific basis • Provide accurate information on medicines to patients • Give guidance to patients on alternative treatments • Safeguard the rights of patients.	• Facts about ethical medicines promotion • Facts about alternative medicines • Rights of health consumers • Role of health workers in promoting the rights of health consumers	• Training Workshops • Published guidelines • Radio talk shows • News letters	• No of training workshops organized to address issues of ethical promotion of medicines
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased awareness on dangers of Unethical promotion and treatment methods with no scientific basis • Seek care in approved places • Make decisions form a position of knowledge • Assert themselves and demand for their rights when seeking care	• Facts about ethical medicines promotion • Facts about alternative medicines • Rights of health consumers • Role of community leaders and the individual in promoting the rights of health consumers	• Radio talk shows • Radio drama • Public dialogue • Posters	• No of programmes in the Media that have addressed ethical promotion of medicines and clients rights

Behavioral Issue 4: Inappropriate prescribing

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Advocate for more resources to improve diagnosis and prescribing (MP,s) • Allocate more resources to improve diagnosis and prescribing (TOP Mgt) • Develop and implement treatment guidelines (MOH progs) • Promote use of guideline across the whole sector (Professional bodies)	• What are the requirements for appropriate diagnosis and prescribing • What are STGs and how can they be effectively used • Why are existing STG not utilized • What is the role of National organization in ensuring availability of good diagnostic facilities and good prescribing at all levels of care	• Meeting/ Workshops • News paper pull out	• Number of meetings /workshops where diagnosis and treatment guideline are discussed
District	• DHT • Hospital Management • Local governments • CSOs	• Ensure available guidelines are widely distributed • Promote utilization of treatment guidelines by all facilities • Support the revival of non functioning lab • Allocate resources for health facility labs • Ensure guidelines are followed in all sectors (Govt, PNFP, PFP)	• What are the requirements for appropriate diagnosis and prescribing • What are STGs and how can they be effectively used • Why are existing STG not utilized • What is the role of DHT and local government leaders availability of good diagnostic facilities and good prescribing at all levels of care	• Workshops /meetings • Published guidelines • Radio talk shows • News letters	• No of workshops on inappropriate prescribing • Number of article in the print media • No of programmes in the broadcast media
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD)	• Follow treatment guidelines when prescribing • Utilize labs to come to definitive diagnosis • Explain to patients rationale for treatment	• What are the requirements for appropriate diagnosis and prescribing • What are STGs and how can they be effectively used • Why are existing STG not utilized • What is the role of health workers in ensuring availability of good diagnostic facilities and good prescribing at all levels of care	• Training Workshops • Published guidelines • Radio talk shows • News letters	• No of workshops on inappropriate prescribing • Number of article in the print media • No of programmes in the broadcast media
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Demand explanation for treatment rationale • Exert less pressure on health workers for specific types of treatment	• How can a patient help the prescribers in reaching a diagnosis (Cooperation) • Dangers of patients exerting unnecessary pressure on prescribers	• Radio talk shows • Radio drama • Public dialogue • Posters	• No of programmes on radio, TV, and articles in newspaper addressing cooperation between patient and prescribers for better outcomes

Behavioral Issue 5: Poor communication skills & attitudes of health workers on medicine use

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Advocate for more resources to enable recruitment and motivation of health workers of H/W (MP,s) • Allocate more resources to enable recruitment and motivation of health workers of H/W (TOP Mgt) • Develop and implement tools to monitor HW performance in communication for RUM(MOH progs) • Intensify supervision of health workers (MOH and Health Professional bodies)	• Facts about motivation and workload among health workers • Importance of Job descriptions and appraisal of Health workers • Importance of support supervision and mentoring to heath worker performance • Importance of Good communication skills	• Meeting/ Workshops • News paper pull out	• No of meeting held to discuss motivation of health workers
District	• DHT • Hospital Management • Local governments • CSOs	• Recruit health worker to fill vacant posts • Institute an objective appraisal system • Provide regular support supervision in RUM • Recognize and motivate high performers	• Facts about motivation and workload among health workers • Importance of Job descriptions and appraisal of Health workers • Importance of support supervision and mentoring to heath worker performance • How to carry out SS and appraisal • How to train health workers in good communication skills	• Workshops/m eetings • Published guidelines • Radio talk shows • News letters	• No of meeting to discuss Health workers motivation and appraisal system
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD)	• Better attitude towards clients/ patients by HW • Increased morale and out put of HW	• Good communication skills • How to gain out of SS visits	• Training Workshops • Published guidelines • Radio talk shows • News letters	• No of meeting to discuss Health workers motivation and appraisal system • Number of workshops on good communication skills
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased satisfaction with HW performance • Better attitude towards Health workers and More visits to recognized health facilities	• How to work together with HW for better outcome • How to get more information from health workers	• Radio talk shows • Radio drama • Public dialogue	• No of programmes in print and broadcast media discussing health workers performance and interaction with patients

Behavioral Issue 6: Unqualified Service Providers

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Advocate for more resources to strengthen enforcement of laws and regulation (MPs) • Allocate more resources to strengthen enforcement of laws and regulation (TOP Mgt) • Allocate more resources to recruit and maintain qualified health workers (TOP Mgt • Strict enforcement regulations (NDA, councils) • Promote ethical conduct (Professional bodies)	• Facts about handling of medicines by unqualified staff • Consequences of unqualified people handling drugs • Laws and regulations governing medicines handling • Why the laws are not being strictly implemented or enforced	• Meeting/ Workshops • News paper pull out	• Number of meetings /workshops where enforcement of regulations are discussed
District	• DHT • Hospital Management • Local governments • CSOs	• Ensure available laws guidelines are widely distributed • Sensitize the HW and business community on consequences of breaking the Medicines regulations • Assist in implementation of rules and regulations on staffing	• Facts about handling of medicines by unqualified staff • Consequences of unqualified people handling drugs • Laws and regulations governing medicines handling • Ethical conduct by health workers handling medicines	• Workshops/meetings • Published guidelines • Radio talk shows • News letters	• No of meetings to discuss recruitment of qualified staff and how to maintain ethical conduct
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD) • Drug shop attendants • Clinic attendants	• Be ethical at all times • Follow procedures , guidelines and rules	• Ethical conduct of health workers • Guidelines , procedures and rules of handling medicines.	• Training Workshops • Published guidelines • Radio talk shows • News letters	• No of workshops on Good dispensing and Good prescribing practice
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Seek care from qualified workers and licensed/approved premises	• Characteristics of qualified workers and approved institutions	• Radio talk shows • Radio drama • Public dialogue	• No of programmes on media discussing Characteristics of qualified health workers and approved sources of medicines

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Behavioral Issue 7: Poor Implementation of medicines policy

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Increased awareness about provisions of the national Medicines policy (NMP) and National Pharmaceutical sector strategic plan (NPSSP) • Advocate for more resources to expand the capacity for pharmaceutical management (MPs) • Allocate more resources to strengthen pharmaceutical management (TOP Mgt) • Support the framework for better coordination of pharmaceutical and health commodities management(MOH programmes , Professional bodies)	• Facts about the National medicines policy • Facts about the National Pharmaceutical sector strategic plan (NPSSP) • Human and financial Resources necessary for speedy implementation of NPSSP • Implementation schedule for NPSSP	• Meeting/ Workshops • News paper pull out	• Number of meetings /workshops where NPSSP is discussed
District	• DHT • Hospital Management • Local governments • CSOs	• Increased awareness of Medicines policy • Implementation of medicines policy	• Facts about the medicines policy • Facts about the National Pharmaceutical sector strategic plan (NPSSSP) • Human and financial resources necessary for implementation of RUM • Implementation schedule for NPSSP at District level	• Workshops/meetings • Published guidelines • Radio talk shows • News letters	• Number of meetings /workshops where NPSSP is discussed
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD) • Drug shop attendants • Clinic attendants	• Awareness of Rules , regulations, guideline that derive from NPSSP	• Rules and guidelines and procedures that promote RUM	• Training Workshops • Published guidelines • Radio talk shows • News letters	• Number of workshops to discuss rules and guideline to promote RUM
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased awareness on rules guidelines and procedures that promote RUM	• Rules guidelines and procedures that promote RUM	• Radio talk shows • Radio drama • Public dialogue • Posters	• Number of programmes/posters creating awareness about RUM

Behavioral Issue 8: Poor Medicines supply chain management

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs	• Advocate for more resources to improve effectiveness and efficiency of NMS (MPs) • Allocate more resources to improve supply chain management health commodities (TOP Mgt) • Promote cooperation and coordination of procurement and distribution of health commodities(MOH progs) • Allocate more resources for supervision of the supply chain activities up to health facility level (MOH and Health Professional bodies) • More proactive in handling supply chain issues (NMS) • Enforce supply chain guidelines at all levels	• Facts about Supply chain system for health commodities • Factors leading to inefficiencies and ineffectiveness in the supply chain • Role of NMS and how to improve its performance • Importance of supervision in improving performance at district level • The role of the different national level organization in ensuring an effective and efficient supply chain system for all health commodities • Procurement and distribution guidelines for health commodities for all levels of care	• Meeting/ Workshops • News paper pull out	• No of meeting held to discuss supply chain issues of health commodities
District	• DHT • Hospital Management • Local governments • CSOs	• Disseminate supply chain guideline • Implement supply chain guidelines • Provide support to lower level units	• Facts about Supply chain system for health commodities • Factors leading to inefficiencies and ineffectiveness in the supply chain • Procurement and distribution guidelines for health commodities for district	• Workshops/meetings • Published guidelines • Radio talk shows • News letters	• No meetings held at which procurement and distribution guideline s are discussed
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD)	• Implement procurement and storage guideline	• Facts about Supply chain system for health commodities • Factors leading to inefficiencies and ineffectiveness in the supply chain • Procurement and distribution guidelines for health commodities the facility	• Training Workshops • Published guidelines • Radio talk shows • News letters	• No of training workshops to address supply chain issues
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased awareness on commodities supply chain issues • Increased satisfaction with HW performance • Better attitude towards Health workers and More visits to recognized health facilities	• Facts about Supply chain system for health commodities • Factors leading to inefficiencies and ineffectiveness in the supply chain • Procurement and distribution guidelines for health commodities the facility	• Radio talk shows • Radio drama • Public dialogue	• Number of programmes in the media addressing supply chain issues for medicines

Behavioral Issue 9: Lack of medicines pricing policy

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs • NMS	• Expedite the enactment of law for establishment to health insurance scheme (MPs) • Ensure cost control is major consideration of the insurance scheme (TOP Mgt) • Strengthten the capacity of MOH to collect and analyze and disseminate information on medicines prices (TOP Mgt • Develop a medicines prices policy(MOH)	• **Facts about medicines prices** • How to control medicines prices • Medicines prices under the insurance scheme • The importance of a medicines prices policy	• Meeting/ Workshops • News paper pull out	• Number of meetings /workshops that discuss medicines price policy
District	• DHT • Hospital Management • Local governments • CSOs	• Disseminate a medicines prices policy	• Facts about medicines prices • How to control medicines prices • Medicines prices under the insurance scheme • The importance of a medicines prices policy	• Workshops /meetings • Published guidelines • Radio talk shows • News letters	• Number of workshops to address medicines pricing
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD) • Drug shop attendants • Clinic attendants	• Implement medicines price policy	• Facts about medicines prices • How to control medicines prices • Medicines prices under the insurance scheme • The importance of a medicines prices policy.	• Training Workshops • Published guidelines • Radio talk shows • News letters	• Number of radio programmes and newspaper articles on medicine pricing policy
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Increased Bargaining power of patients • Patients make informed decisions on prices	• Facts about medicines prices • How to control medicines prices • Medicines prices under the insurance scheme • The importance of a medicines prices policy.	• Radio talk shows • Radio drama • Public dialogue • Posters	• Number of radio programmes and newspaper articles on medicine pricing policy

Behavioural issue 10: Limited community involvement in matters of medicines use and safety

Levels	Target Audience	Desired Behavior Change	Message concepts	Lead Channels of Communication	Process Indicators
National	• Members of parliament • TOP management MOH • MOH programmes • Health Professional Bodies (PSU, MEDICAL COUNCIL, ALLIED HEALTH, NURSES) • NGOs • NMS	• Allocate time and resources for engagement with community during medicines policy formulation (MPs, TOP management MOH) • Involve CSOs and Consumer groups in policy review and monitoring (TOP management) • Ensure community input in the design, implementation and evaluation of RUM projects	• What is the role of community in medicines policy design, implementation and evaluation, • How best can community views be captured	• Meeting/ Workshops • News paper pull out	• Number of meeting to discuss community involvement in RUM issues
District	• DHT • Hospital Management • Local governments • CSOs	• Take into consideration community views during medicines policy implementation	• What is the role of community in medicines policy design, implementation and evaluation, • How best can community vies be captured	• Workshops/meetings • Published guidelines • Radio talk shows • News letters	• Number of meeting to discuss community involvement in RUM issues
Health facility	• Health workers • Health unit management committees • Community drug distributors (CDD) • Drug shop attendants • Clinic attendants	• Work together with community leaders during implementation of RUM activities	• What is the role of community in medicines policy design, implementation and evaluation, • How best can community participate in RUM	• Training Workshops • Published guidelines • Radio talk shows • News letters	• Number of training programmes that address community participation in RUM issues
Community	• House holds • Community leaders (Parish/Village level) • VHT	• Community knowledgeable willing to participate in RUM activities in their locality	• What are RUM activities and why should the community participate	• Radio talk shows • Radio drama • Public dialogue • Posters	• Number of Programmes in the media addressing community participation