HEALTH COMMUNICATION CAPACITY COLLABORATIVE

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Promoting Quality Malaria Medicines through Social and Behavior Change Communication: An Implementation Kit

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Acronyms

ABMS	Beninese Ministry of Health and Association of Social Marketing
ACT	Artemisinin-based Combination Therapy
ADDO	Accredited Drug Dispensing Outlet Program
CEPAT	Center for Pharmaceutical Advancement and Training
DPMED	Direction des Pharmacies et du Medicaments
GHAP	Global Health Assurance Partnership
HC3	Health Communication Capacity Collaborative
I-Kit	Implementation Kit
ICT	Information and Communication Technology
IMPACT	International Medical Products Anti-Counterfeiting Taskforce
INTERPOL	International Police
IPC	Interpersonal Communication
JIATF	Joint Interagency Task Force
MAD	Make a Difference
MAS	Mobile Authentication System
M&E	Monitoring and Evaluation
MQDB	Medicines Quality Data Base
NAFDAC	National Agency for Food and Drug Administration and Control of Nigeria
NMEP	National Malaria Elimination Program
OIG	USAID Office of Inspector General
PCN	Pharmacists Council of Nigeria
PMI	U.S. President's Malaria Initiative
PPMV	Patent and Proprietary Medicine Vendor
PQM	Promoting the Quality of Medicines
RDT	Rapid Diagnostic Test
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
SSFFC	Substandard, Spurious, Falsified, Falsely- labeled or Counterfeit
TOC	Transnational Organized Crime
UNDP	United Nations Development Programme
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
USP	U.S. Pharmacopeial Convention
WCO	World Customs Organization
WHO	World Health Organization
YPISA	Young People's Information and Services Advocacy

About this Implementation Kit

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

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

This I-Kit includes key information health practitioners need to combat issues of poor quality or diverted malaria medicines in their area, and resources to better understand their prevalence and the impact of SSFFC antimalarials. It includes suggestions for identifying partnerships and selecting appropriate audiences and theories to strengthen SBCC strategies. This Promoting Quality Malaria Medicines through SBCC I-Kit can be used online or downloaded here.

The I-Kit is divided into six parts:

- **Part 1** provides the necessary background and information to use the I-Kit.
- **Part 2** provides information on global and country examples to combat SSFFC malaria medicines and promote positive medicine use behaviors.
- **Part 3** describes five essential elements for designing and implementing a campaign to promote the use of good quality malaria medicines.
- **Part 4** includes guidance, tools and resources for engaging with the media to combat SSFFC malaria medicines.
- **Part 5** offers users an opportunity to share experiences and lessons learned from designing and implementing SBCC activities to address SSFFC malaria medicines.
- The **Appendix** provides resources and tools for understanding the malaria medicine situation, as well as developing strategies to address them and advocate for them.

SSFFC

Substandard, spurious, falsified, falsely-labeled and counterfeit (SSFFC) malaria medicines are artemisinin-based combination therapy (ACT), or monotherapies medicines, which cannot properly treat malaria due to poor quality. Malaria medicines are at higher risk for quality issues because they are in high demand in malaria-endemic countries, where they are targets for illicit manufacturers and are often improperly transported and stored by informal medicine vendors and drug smugglers alike. SSFFC malaria medicines generally fall 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 storage environments, handling, or transportation (light, heat, humidity, etc.). Stolen or diverted medicine is at risk of becoming degraded.

Whether they contain toxic, inactive or insufficient ingredients, SSFFC malaria medicines seriously threaten a country's health system and the patients they serve. Because these medicines do not contain the required amount of the active ingredient, they cannot completely treat malaria and can lead to a worsened case of malaria or even death. A 2013 study of data from 39 countries estimates that SSFFC malaria medicines may be connected with 122,350 deaths of children under five years old in sub-Saharan Africa. Read more about SSFFC malaria medicines in **Part 2**.

What Is the Purpose of this Implementation Kit?

Malaria medicine quality problems and solutions vary from country-to-country. With this in mind, this I-Kit is not a step-by-step guide on how to design and implement one universally effective SBCC program to address substandard and falsified malaria medicines. Instead, the I-Kit serves to provide guidance on how to develop a country-specific SBCC strategy that helps protect the public from poor quality medicines for malaria treatment. This I-Kit can be used as a whole, or the sections that are most important may be used on their own.

Who Is this I-Kit for?

This I-Kit is meant for a number of different audiences:

- **Health promotion officers** in ministries of health who are responsible for malaria SBCC programs.
- **Communication specialists** within drug regulatory authorities, who are involved in creating public awareness about medicine quality.
- **SBCC specialists** working for non-governmental organizations or projects, who are responsible for malaria communication programs.
- **Public relations and marketing specialists** working for pharmaceutical companies or trade associations, who are already working on or interested in incorporating SBCC into their marketing and communication work.
- **Global malaria partners or donors** who make policy and programmatic decisions and want to educate themselves on how to best respond, given the resources and context where they work.

How Should the I-Kit Be Used?

This I-Kit is meant to help design and implement SBCC interventions aimed at addressing consumer practices that influence the risk of obtaining SSFFC malaria medicines, including purchasing, using, verifying the authenticity of and reporting substandard malaria medicine. This I-Kit is based on lessons learned from global research and a strategically developed and evaluated program in Nigeria, and provides examples from that experience.

When preparing to design an SSFFC communication plan, the essential elements in **Part 3** should be read from beginning to end. The elements are organized in order of consideration, with one leading to the next. While designing and implementing an SBCC program, refer to various elements and examples. **Part 5** explains how to share experiences and learnings with other professionals working to combat SSFFCs. SBCC aimed at protecting consumers from substandard and falsified malaria medicines is very new and not much is known about it. Help grow the knowledge base by sharing experiences and lessons learned **by clicking here.**

How Was the I-Kit Developed?

HC3 prepared this I-Kit based on its experience in Nigeria, and with input from other countries in Africa. The process involved four steps:

1. Learning what is known and being done to address SSFFC malaria medicines globally. HC3 conducted an extensive desk review and consulted experts in malaria case management, pharmaceutical quality control, drug regulation and enforcement, pharmaceutical manufacturing and consumer awareness and education. This **landscaping exercise** indicated that few SBCC activities had been conducted to inform and protect consumers from substandard and falsified malaria medicines.

2. Organizing a meeting of global stakeholders and representatives from six countries where SSFFC malaria medicines are an issue to learn about their experiences with SBCC to address the problem, and to ask for their inputs into the design of the I-Kit. The meeting revealed that only a few countries had conducted SBCC to address SSFFC malaria medicines, and none of the efforts had been evaluated.

3. Working with the National Malaria Elimination Program (NMEP), the National Agency for Food and Drug Administration and Control (NAFDAC) and non-governmental stakeholders in Nigeria to design and test an SBCC strategy aimed at protecting families from SSFFC malaria medicines. The campaign HC3 developed with these partners was implemented in the Akwa Ibom State of Nigeria over a five-month period during 2016.

4. Documenting the process, tools and lessons learned during the Nigeria campaign and **sharing them through this I-Kit.**

The examples featured in this I-Kit are primarily based on lessons learned while designing and implementing the SSFFC Malaria Medicines SBCC campaign in one state of Nigeria. Through others' contributions, it can be expanded to reflect lessons learned from other countries and contexts. Please share ideas, strategies, materials and research as well as individual examples in **Part 5**.

Part 1: Background and Justification

SSFFC malaria medicines are a unique public health issue that varies from country to country. This widespread problem is associated with a number of public health risks, and requires a deep understanding of purchasing and vending practices. The growing body of knowledge on SSFFC malaria medicines points to a number of risks and protective factors that SBCC professionals should keep in mind.

Why Use Advocacy and SBCC to Combat SSFFC Malaria Medicines?

While activities aimed at improving international and national medicine manufacturing, procurement, regulation and enforcement (described **here** and **here**) can greatly reduce the burden of SSFFC antimalarials in the long run, they cannot eliminate the problem entirely – or protect today's malaria medicine consumers from the dangers of SSFFC medicines. However, there are steps that individuals, families, communities and specialty agencies (such as regulatory and law enforcement agencies) can take. This is where SBCC and advocacy are important.

SBCC is the science and art of using communication to change individuals' knowledge, attitudes, behavior and social norms for better health and/or development outcomes. SBCC can improve public awareness about SSFFC malaria medicines and influence individuals' behavior so that they protect themselves, their families and their communities, while changes to systems and policies are put in place.

SBCC contributes to the fight against SSFFC malaria medicines in a number of important ways:

- **Improving consumers' knowledge** of the harm caused by SSFFCs medicines, as well as the steps that they can take to protect themselves and their families.
- **Convincing pharmacists** of the dangers of diverted, poorly stored and unregulated medicines and their responsibility for the safety of their customers.
- **Changing customer's attitudes** so that they value and feel capable of influencing the quality of malaria medicines they use.
- **Encouraging consumers to take protective actions** that reduce their risk of buying poor quality malaria medicines, and **reporting to proper authorities** when they feel that they have purchased poor quality medicines.
- **Inspiring informal vendors** to protect their customers by buying medicines from reputable sources and storing them according to recommendations.
- **Encouraging** leaders, pharmacists, health workers, drug vendors and the public to report suspicious activity to national and international surveillance and law enforcement bodies, such as the U.S. government's **"Make a Difference" (MAD) Malaria Hotline**.

Advocacy operates at the political, social and individual levels and works to mobilize resources and political and social commitment for changes in systems, laws and policies. Advocacy aims to create an enabling environment at any level, including the community level (e.g., traditional government or local religious endorsement), to ask for greater resources, encourage allocating resources equitably and remove barriers to policy implementation. Guidelines for advocacy as a process are provided in the **ASK Approach**.

Advocacy is important to the fight against SSFFC malaria medicines in a number of ways:

- **Raising decision-makers' awareness** of SSFFC malaria medicines so that priority is placed on developing and implementing policies to protect consumers
- **Influencing customs and immigration officials** to work more closely with drug regulatory and law enforcement agencies to stop importation of SSFFC malaria medicines

- **Convincing lawmakers to strengthen penalties** for procuring, importing, manufacturing and selling SSFFC malaria medicines
- **Making a case for improving quality assurance and surveillance systems** for malaria medicines

Most SBCC strategies to address SSFFC malaria medicines employ a combination of advocacy and SBCC. The relationship between advocacy, SBCC, manufacturing, procurement, enforcement and regulation are depicted in the figure below. The orange circle shows the areas where SBCC is most important. The green circles show areas where advocacy is important. SBCC and advocacy circles overlap, showing that SBCC to change supplier and consumer procurement and vending practices can also influence and be influenced by the quality of enforcement, regulation and manufacturing. For example, when consumers only purchase malaria medicines that have been approved by the regulatory body, many manufacturers and importers will stop producing unregulated medicines, and regulators will feel pressure to improve quality assurance and surveillance systems.

Consequences of SSFFC Malaria Medicines

Poor quality medicines create a ripple effect that goes far beyond an individual's health. For example:

- **SSFFC antimalarials seriously threaten national health care systems.** Spending public money on SSFFC medicines is a waste of the limited financial resources reserved for malaria and health. This inefficiency is particularly problematic for countries already suffering from limited health resources and weakened infrastructure – which is the case for many countries where SSFFC antimalarials are found.
- **SSFFC antimalarials negatively influence client perceptions and behavior.** Poor quality medicines can negatively influence the way that clients think about the quality of their healthcare system and

treatment options. For example, a malaria-positive client who does not get better after taking malaria medicines may become frustrated and distrusting of malaria medicines or the health system in general. They could decide that it is not worth the effort and resources required to seek healthcare from the formal, regulated health system, and self-medicate through the informal, unregulated sector.

- **SSFFC antimalarials increase global malaria deaths through artemisinin resistance.** Taking too little of the active ingredient in **malaria medicine can build resistance** to that drug among malaria parasites. Resistance to monotherapies like chloroquine have been documented in East and West Africa, Southeast Asia and South America since the 1950s. Researchers have already identified several areas where the malaria parasite is resistant to artemisinin, the active ingredient in the current first-line treatment for malaria. Because no alternative malaria medicine is expected to enter the pharmaceutical market in upcoming years, increased artemisinin resistance will lead to more malaria deaths.

Prevalence of SSFFC Malaria Medicines

No country is unaffected by poor quality medicine, especially with the expansion of **internet medicine vendors**. While SSFFC medicines can be found in both developed and developing countries alike, their presence is strongest in countries in sub-Saharan Africa and Asia with weak regulatory and enforcement systems. Some experts have estimated that SSFFC medicine's presence ranges from one percent in the developed world to **50 percent in the developing world**. However, a validated estimate of the global prevalence of SSFFC malaria medicine does not exist, due to the lack of universally-accepted **medicine quality definitions**.

Malaria medicines are particularly prone to quality issues, because they are in high demand in malaria endemic countries. According to recent studies, approximately one in ten doses of malaria medicines found in Southeast Asia and sub-Saharan Africa are poor quality. The majority of these medicines were substandard, not falsified, containing inadequate active ingredients to treat malaria.

Studies also show that the amount of SSFFC antimalarials can vary within a country, and that customers who buy their medicines from informal vendors are at higher risk of SSFFC malaria medicines than those who get them from government health services. This difference is due to the higher concentration of SSFFC antimalarials in the unregulated private sector, compared to the regulated public sector. Unfortunately, many people in rural areas live far from public sector health facilities and must rely on unregulated private sector vendors for their malaria medicines.

One of the primary barriers to developing a strategy around SSFFC medicines is that the majority of poor quality medicines are thought to originate from countries that are also the largest producers of good quality medicines. While weak manufacturing and regulation create challenges, a lack of health leadership and decision-makers to address this problem, porous borders, corruption and manufacturers' technical sophistication to produce SSFFC medicines also serve as obstacles (SFH, 2012).

Factors Influencing SSFFC Antimalarial Vending and Purchasing Practices

There are a number of factors influence the selling and purchasing of SSFFC medicines, but the influence of each varies from country to country. It is important to consider all of these elements when developing an SBCC strategy around malaria medicines to ensure the selected approach is effective in promoting change and programs are reaching appropriate audiences.

In many cases, medicine consumers are looking for low-cost medicine that does not require much effort to obtain. Access and cost of ACTs may drive consumers to shop for medicines in the unregulated private sector (Renschlet et al., 2015), where medicine is more likely to be low quality. It is also common for patients to self-treat with malaria medicine without first getting tested or consulting a health provider. Those who self-treat often do so with poor quality medicine (often monotherapies) purchased from informal medicine vendors. While many know about the presence of substandard or diverted medicine, acceptance and normalization of the informal sector may stop shoppers from viewing these vendors as risky or dangerous. The convenience of buying from the informal sector, as well as the desire to not betray their networks, may prohibit consumers from wanting to report suspected SSFFC medicine vendors.

On the other hand, the attitudes and behaviors of providers and medicine vendors also play a role in medicine purchasing. Many countries' medicine supply chains include informal medicine vendors, who are business owners by trade and do not have a proper health education. As such, they may be more motivated by making a profit than by promoting best health practices. For example, **research in Nigeria** found that informal vendors were heavily influenced by pleasing the customer. Customers usually told the vendor what medicine they were looking for and the vendor would often sell it without asking any questions or suggesting other options. Additionally, both health providers and informal vendors in Nigeria reported that their recommendations were influenced by their perception of a customer's ability or willingness to pay for a particular medicine type or dose (Berendes et al., 2012, Anadach Group, 2015).

Learn about SBCC Theories

What Is Social and Behavior Change Communication?

Social and behavior change communication (SBCC) is an approach that promotes and facilitates changes in knowledge, attitudes, norms and beliefs, and promotes healthy and safe practices among specific groups of people. These groups of people are called the intended audiences of a strategy. In the case of SSFFC malaria medicines, audiences may be malaria patients, consumers of malaria medicines, health workers, pharmacists, drug vendors, manufacturers, regulators, law enforcement officers and decision-makers.

A strategic SBCC approach follows a systematic process to analyze a problem, define key barriers and motivators to change, create a strategy and then design and implement a comprehensive set of interventions to support and encourage positive behaviors.

There are a number of models available to guide the planning of SBCC programs, most of which share the same basic principles. One of these models is called the **P Process™**, which provides a step-by-step roadmap

to guide the user from a loosely defined concept about changing behavior to a strategic and participatory program that is grounded in theory and has measurable impact.

The P-Process has five steps:

- **Step One:** Inquire
- **Step Two:** Design the Strategy
- **Step Three:** Create the Test
- **Step Four:** Mobilize and Monitor
- **Step Five:** Evaluate and Evolve

Three cross cutting concepts ensure that SBCC approaches are effective:

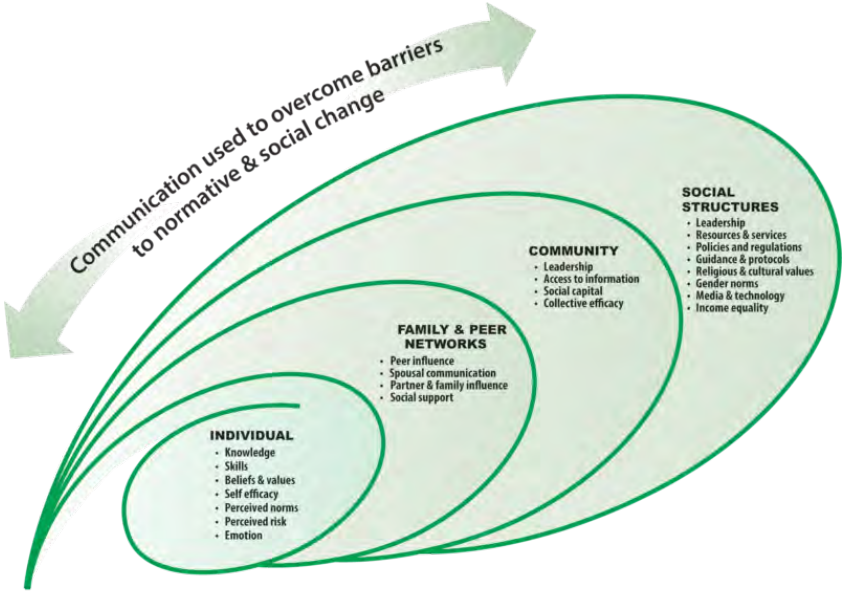
- SBCC theory
- Stakeholder participation
- Continuous capacity strengthening

What Influences People's Behavior?

Many factors influence the behavior of individuals, families, communities, service providers and leaders. The Socio-Ecological Framework summarizes how SBCC can influence changes among each of these groups. Behavior among any of these groups can influence the behavior of other groups of people. Effective SBCC involves analyzing how this works, and designing SBCC activities that strategically address the key factors influencing behavior across these different groups of people.

Take the example of a mother living in a rural village in sub-Saharan Africa, who purchases malaria medicine when her child is sick with malaria. All of the factors at each level of the Socio-Ecological Framework should be considered when developing a program to raise her awareness of SSFFC malaria medicines and promote positive purchasing and reporting behaviors.

At the **individual and family level**, this mother needs the information and skills to know that some malaria medicines are not good quality, how poor quality malaria medicine can harm her and her family members, what sources are likelier to sell poor/good quality medicines, how to verify medicine quality and how to respond if she suspects that a medicine is poor quality. In addition, she and her family need to feel strongly about the benefits of buying good quality medicine and the harm of poor quality medicine, so that they will take steps to protect themselves.



Social Ecological Model for One Community

This mother is not the only person who determines whether or not she treats her child with good quality ACTs. She may be influenced by the **attitudes and opinions** of her husband, the health provider she takes her baby to and the vendor she buys medicine from. With this in mind, a supplementary set of activities may be conducted to educate husbands and fathers, health workers and medicine vendors, so that they also adopt practices that help ensure that this mother and others like her get good quality ACTs.

At the **community level**, there may be a need to mobilize and train leaders to provide proper guidance to community members about the importance of properly preventing and treating malaria. This can help establish social norms that prioritize testing at a health facility and treating with quality-assured medicines as opposed to buying malaria medicines from unregulated vendors without diagnostic testing.

At the **social/structural level**, advocacy could be employed to strengthen systems that regulate medicine quality, enforce laws to protect medicine quality, track medicine quality and help consumers like this mother identify and report poor quality medicines. Advocacy can push for policies and laws that reduce the presence of SSFFC malaria medicines in the market.

At each level, there are factors that influence behavior in a positive way, called facilitators, or in a negative way, called barriers. Examples of facilitators are caring and concerned health workers, pharmacists and medicine vendors who are committed to distributing only good quality medicines, and trust in information provided by health and drug regulatory authorities. Examples of barriers include the belief that there is nothing consumers can do to protect themselves from poor quality medicines, lack of trust in the motives of regulatory authorities, or condescending service providers who discourage families from using health care services.

SBCC programs are strongest when they influence groups of people at multiple levels of the Socio-Ecological Framework. Keep in mind ways of expanding impact, such as building partnerships and collaborating with organizations and institutions that operate at different levels.

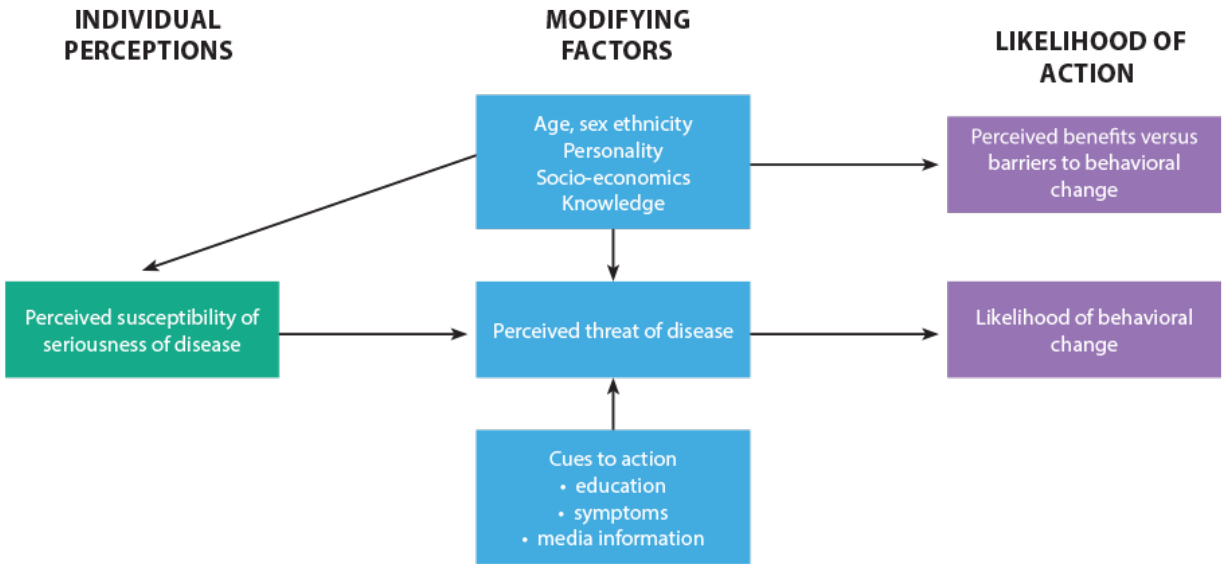
SBCC Theory

Behavior change theories help us understand why people act the way they do and why behaviors change. SBCC theories can be helpful to guide decisions about what audiences and behavioral determinants to focus on. Each theory or model explains behavioral change in a slightly different way but many share common premises. When designing SBCC strategies, we often draw from more than one behavior change theory to come up with an explanatory theoretical model.

The figure below displays helpful theories for SBCC for SSFFC medicine programs and identifies the intervention level according to the socio-ecological approach.

SOCIO-ECOLOGICAL LEVEL	THEORY	FOCUS
	Health Belief Model	Individuals' belief that they can be harmed by a health problem, and the evaluation of recommended behavior(s) to prevent or manage the problem.
Individual	Theory of Planned Behavior	Individuals' intention to perform a behavior.
	Stages of Change (Transtheoretical Model)	Individuals' readiness to change or attempt to change toward healthy behaviors.
Interpersonal	Social Learning Theory	Personal factors, environmental influences and others' observed actions and outcomes continuously interact to determine a person's behavior.
		
Community	Diffusion of Innovation Theory	How new ideas, products and social practices spread within a society or from one society to another.

Health Belief Model

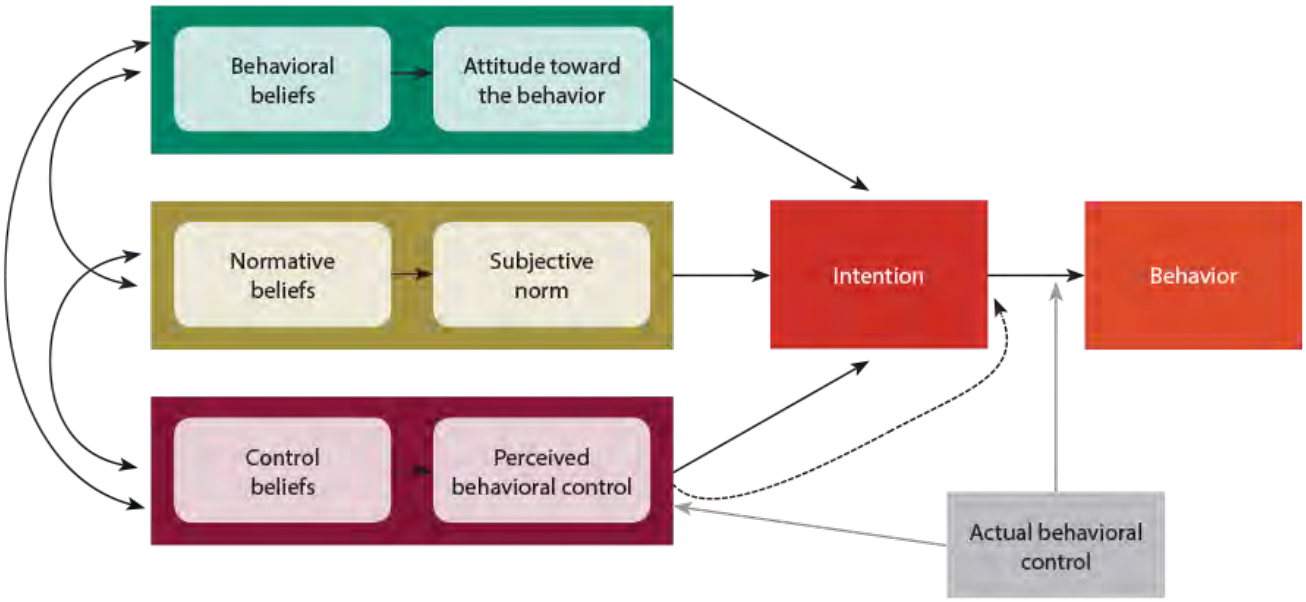


The **Health Belief Model** highlights how programs need to consider individual beliefs about the problem being addressed, and the costs and barriers associated with changing a behavior. According to the Health Belief Model, a person is likely to change behavior if he/she experiences:

- **Perceived Susceptibility/Seriousness:** believing he/she is at risk. For example, the mother believes she is at risk of buying SSFFC medicines or that her child will face severe consequences if treated with poor quality medicine.
- **Perceived Benefits:** believing that the behavior change will reduce risk. For example, a mother believes that she is more likely to get good quality malaria medicine if she gets it from a government health facility, instead of the local drug vendor.
- **Perceived Barriers:** how one interprets the costs/barriers of the desired behavior. For example, a mother is concerned about the time and transportation costs involved in going to the government health facility when her child is sick with fever, rather than simply buying malaria medicine from the local drug vendor.
- **Cues to Action:** strategies to activate "readiness." For example, a health provider recommends a quality medicine source when telling the mother her child tested positive for malaria.
- **Self-Efficacy:** feeling confident in one's ability to take action. For example, a mother feels that she is able to purchase malaria medicines from less risky, regulated sources.

How Can the Health Belief Model Be Applied?
The Health Belief Model is best used when promoting individual preventive behaviors, such as vendor or consumer purchasing or verification practices. It focuses on the beliefs and perceptions of the individual, so it is appropriate to change behaviors that are not heavily influenced by society and social norms. It tells us the importance of highlighting both the negative consequences of the current behavior and the positive consequences of alternative, suggested behavior.

Theory of Planned Behavior

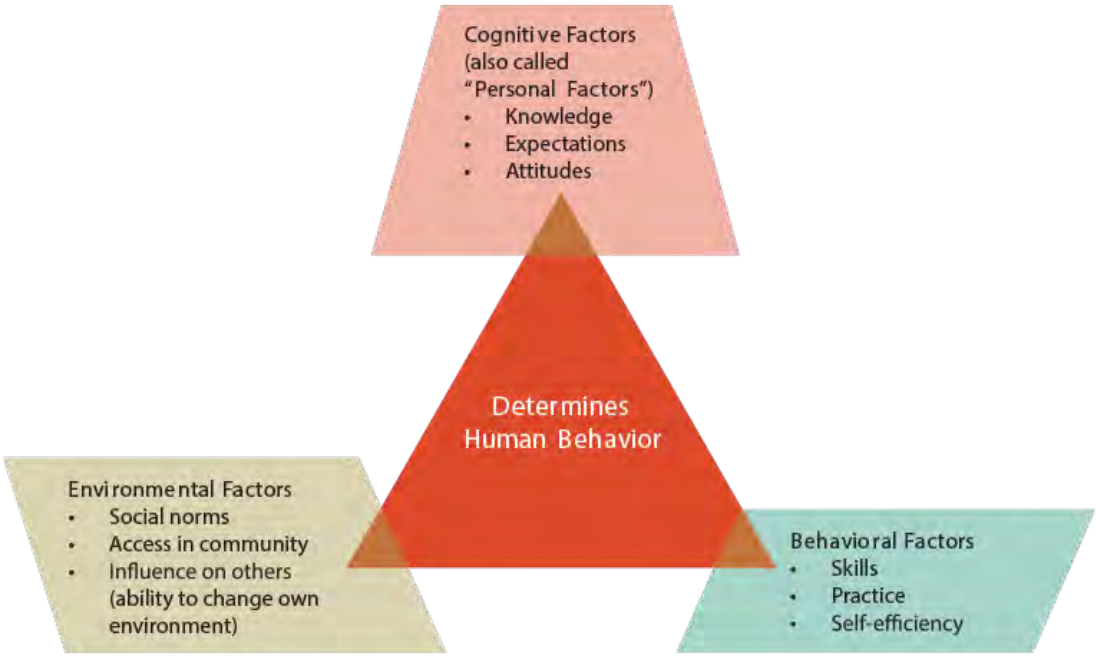


According to the **Theory of Planned Behavior,** behavior is influenced by three elements:

- **Belief and Attitude:** that the behavior will be beneficial to the individual. For example, a mother feels that traveling a further distance to buy from a less risky, regulated medicine source is worth the time and resources because the medicine will be able to treat her child's malaria.
- **Subjective Norms:** the belief that other people think that the behavior is acceptable. For example, a mother believes that her husband and friends also support spending more money to buy from a higher quality, regulated medicine source.
- **Perceived Ability:** the belief that one has the skills and capability to change behavior. For example, a mother believes that she is able to access quality medicine sources and verify medicine quality before purchasing.

How Can the Theory of Planned Behavior Be Applied?
The Theory of Planned Behavior can be used to change behaviors that are heavily influenced by peers and the close social network. This theory tells us that the close social network needs to be targeted to support the desired behavior change in the individual, and that it is important to highlight the short-term benefits of the behavior change to promote action.

Social Learning Theory



Social Learning Theory acknowledges the interaction that occurs between an individual and his/her environment. The outside environment is where a person can observe an action, understand its consequences, and become motivated to repeat it and adopt it. Behavior is affected by structural factors, such as service availability and policies, as well as by social factors, such as social norms and peer influence.

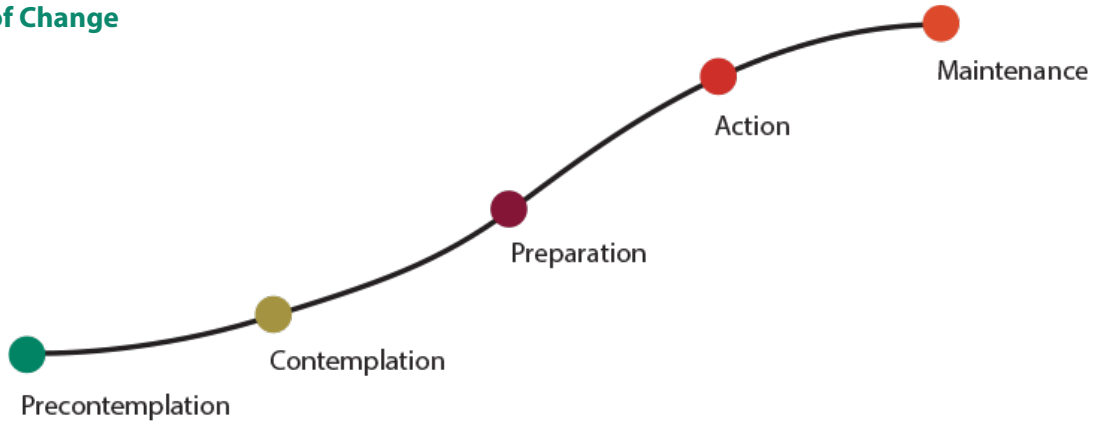
In the application of the Social Learning Theory, the audience is encouraged to:

- **Observe and imitate the behavior of others.** For example, a mother may observe a friend verify medicine quality and is encouraged to do the same.
- **See positive behaviors modeled and practiced.** For example, a mother learns that her neighbor only gets ACTs from the government health facility, and has always gotten good quality medicine, this makes her want to do the same.
- **Increase his/her own capability and confidence to implement new skills.** For example, when a health worker shows a woman how to check the expiry date and look for the government seal on an ACT packet, she is more likely to know how to do this in future.
- **Gain positive attitudes about implementing those skills.** For example, when her husband praises her for carefully checking ACT packets before buying them, this makes the woman feel good about the practice and more likely to continue it.
- **Experience support from his/her environment to use those skills.** For example, a pharmacy displays a poster with the steps to verify medicine quality to encourage consumers to do so.

How Can the Social Learning Theory Be Applied?

The Social Learning Theory can be used to address behaviors that are heavily influenced by both the physical and social environment in which the individual lives. The theory highlights the importance of creating an enabling environment, in which the desired behavior change is made easier. It also argues that seeing the behavior in practice can help others adopt it. This can be done in person or through the media by real or fictional characters demonstrating the desired behavior, as well as the resulting benefits.

Stages of Change



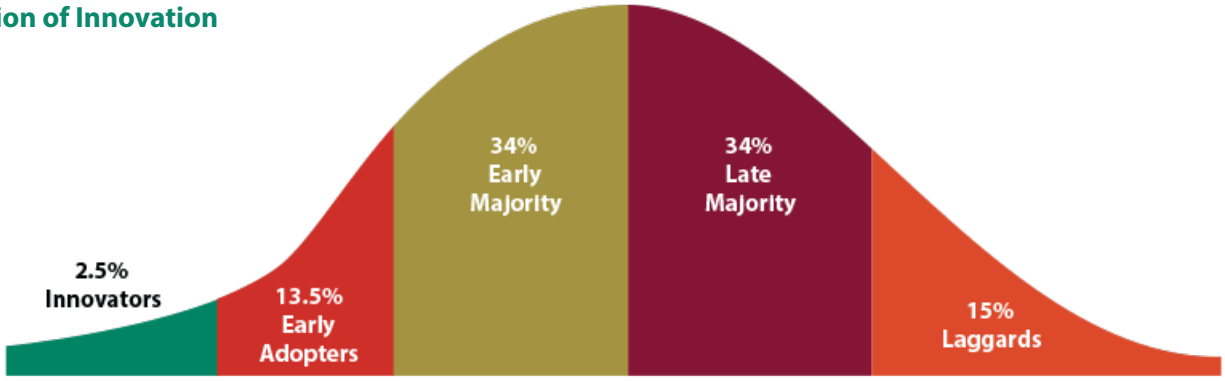
The **Stages of Change** (sometimes called the Transtheoretical Model) tells us that individuals go through different stages when changing a behavior. This theory assumes that individuals have different degrees of motivation and readiness to change, which determine their current stage of change. According to this theory, different stages of change require different information needs and approaches to move the audience to the following stage. Although people may move through these stages in a predictable way, an individual can drop back or jump over stages. The stages are:

- **Pre-Contemplation:** There is no awareness of the need to change behavior. For example, a mother does not know that there are poor quality malaria medicines in the country.
- **Contemplation:** An individual is aware that the problem exists and is seriously thinking about overcoming it, but has not yet made a commitment to take action. For example, a mother has learned that some malaria medicines are poor quality and is considering changing her purchasing practices to start buying from a more quality, regulated sector.
- **Preparation:** An individual intends to take action immediately. For example, a mother is planning to buy malaria from a more quality, regulated source the next time she or her children get diagnosed with malaria.
- **Action:** An individual begins performing the behavior. For example, a mother who is diagnosed with malaria buys medicine from a higher quality, regulated source, rather that her usual unregulated source.
- **Maintenance:** An individual continues the behavior and works to maintain it. For example, a mother continues to buy from a higher quality, regulated sector every time she or her children are diagnosed with malaria.

How Can Stages of Change Be Applied?

Stages of Change can be used for personalized interventions targeted at one individual, as well as large scale campaigns. In one-to-one counseling situations, knowing the stage of change of the mother can help the health provider select what information to share. For larger scale campaigns, during the analysis stage, one can segment the audience according to stage of change and tailor information to that stage. Information at the pre-contemplation and contemplation stages would focus on facts, the risks of the current behavior and the benefits of changing behavior. At the preparation and action phases, the provider would focus more on triggers and incentives to action, using more emotional appeals.

Diffusion of Innovation



The **Diffusion of Innovation** refers to the spread of new ideas and behaviors within a community or from one community to another. According to this theory, some individuals and groups in society are quicker to pick up new ideas or "innovations" than others. The theory identifies five categories of people with varying propensity to accept or adopt a new practice or technology:

1. **Innovator:** the quickest to adopt an innovation. However, they may be seen as fickle by other community members and are less likely to be trusted and copied.
2. **Early Adopters:** more mainstream within the community, and are characterized by acceptance of innovation and some personal/financial resources to be able to adopt the innovation.
3. **Early Majority:** amenable to change and persuaded of the benefits of the innovation by observing.
4. **Late Majority:** skeptical and reluctant to adopt new ideas until the benefits are clearly established.
5. **Laggards:** these are most conservative and resistant to change; sometimes, they may never change.

The likelihood of adopting a new behavior depends on the audience, environmental barriers and facilitators, the communication system and attributes of the innovation, such as:

- **Relative Advantage:** Does the new behavior offer an advantage over the current behavior? For example, does using quality medicine offer something (e.g., peace of mind or faster treatment) that the current option does not offer?
- **Compatibility:** Is the behavior compatible with prevailing social and cultural values? For example, is verifying medicine before purchasing a culturally acceptable thing to do?
- **Complexity:** How difficult is the new behavior to perform? For example, would a mother be able to start and continue verifying quality medicine?
- **Triability:** Can the behavior be tried out without too much risk? For example, will the service provider or pharmacist get angry at the mother if she checks the ACT packet and then refuses to buy it?
- **Observability:** Are there opportunities to see what happens to others who adopt the behavior? For example, does a mother have access to other women in her community who verify medicine to ask them what it's like?

How Can Diffusion of Innovation Be Applied?

Diffusion of Innovation can be used to change behaviors that are influenced by social norms and social trends. The theory tells us how to promote the desired behavior by focusing on characteristics of your target audience. This can be done through agents of change, that is, the early adopters of a new behavior who promote it and encourage others to adopt it. Agents of change can be people working in the community or community members who have adopted the new behavior and can act as role models. Targeting effective agents of change, such as local leaders, influential individuals, peers and celebrities, can accelerate the adoption of a new behavior.

Not Sure Which Theory to Use?

Readers can go to either the **Appendix** for further information on specific theories or use **TheoryPicker**, an interactive tool that helps you identify what might be the best behavior change theory for a given program. The tool takes you through a number of steps and asks you questions to help determine which is the best theory or group of theories to use for your program design.

The design of your campaign will depend on a number of country-specific factors, such as the type of SSFFC medicine problem (i.e., substandard vs. falsified vs. degraded vs. diverted), your medicine supply chain and regulation systems, the possible prevention and reporting solutions available in your country, and the factors that support or create barriers to performing those behaviors. To walk through the process of determining your SSFFC problem and the campaign that works best for you, proceed to **Part 3**.

Before you start developing your strategy, you should ask yourself the following questions:

- **Does the selected method of communicating the dangers of SSFFC malaria medicines undermine confidence in ACTs?** As with any effective SBCC strategy/program, we need to convince our audience that they will benefit in some way from adopting the recommended behavior. With SSFFC malaria medicines, one major benefit of changing treatment and vending practices is that the medicine an individual buys or sells will be good quality, and therefore able to treat malaria. Depending on how we communicate this benefit, we could create the impression that malaria medicines are useless, and discourage people from using them.

  The global community has been working for some time to encourage ACT use. Now, because of this hard work, many consumers already believe that the medicines that they are taking are effective. If we warn them to beware of SSFFC medicines, we could discourage them about the quality of the healthcare system and ACTs. This could cause them to stop taking ACTs all together. It is important that we do not backtrack on the gains made in treatment seeking behavior with our messages about SSFFC malaria medicines. An alternative approach may be to emphasize the importance of ensuring that the medicines they use are good quality. This is a subtle, but important difference in the way a message is framed. It will also be very important to gauge audience reactions to your messages through pretesting. More about the pretesting of messages can be found below.

- **Advocacy or SBCC?** Depending on the strategy's vision and problem statement, practitioners will need to decide whether advocacy or SBCC is the priority. Advocacy and SBCC have different objectives: advocacy aims to change or introduce policies and laws or to mobilize resources; SBCC aims to change behavior and norms. Often, a combined advocacy and SBCC strategy will be called for. For example, in Nigeria, stakeholders attributed the use of SSFFC malaria medicines to consumer and vendor beliefs and practices as well as weaknesses in the medicine supply system. **The strategy**, therefore, employs SBCC to address consumer and vendor practices, and advocacy to leverage improvements in the supply system.

- **Integrated or Vertical Messaging?** If local stakeholders are already implementing SBCC activities for malaria case management, it may be cost effective to integrate messages about SSFFC medicines into your on-going malaria messaging. The main advantage of this is that it may be less expensive, quicker to execute and be seen as coming from a trusted source. On the other hand, messages about SSFFC medicines will not get as much attention with target audiences when they are combined with other information. One solution might be to begin with intensive vertical media messaging to introduce the issue for a short period of time, followed by messaging integrated with other case management communication over the long term.

- **Can the same SBCC strategy work in other countries and communities?** The simple answer to this question is that not all countries have the same problems and potential solutions to SSFFC ACTs and

monotherapies. Thus, it is important to design a communication strategy that speaks to the specific problems and possible solutions revealed in your situation analysis.

Sound and effective SBCC strategies are designed to address barriers to optimal health behaviors or practices, and to encourage the uptake of specific practices. In the case of substandard or falsified malaria medicines, barriers to the use of good quality medicines, and the protective actions available to consumers, medicine dispensers and regulatory agencies, vary from country to country. Barriers may have to do with weak or non-existent regulatory policies, inadequate enforcement of existing laws and policies, unlicensed drug markets or sellers, inaccessible and/or expensive medicines, and consumer treatment seeking and drug purchasing practices. Protective actions may include mobile solutions, like NAFDAC of Nigeria's **Mobile Authentication Service** (MAS), which lets consumers verify the quality of their medicines using their mobile phones. They may also include messaging that asks customers to buy from higher quality medicine sources, or check the batch number and expiration date of medicine before they buy. Other options that may exist in country can be found in **Part 3**, such as: free telephone numbers that medicine distributors and consumers can call to check the authenticity of medicines or report substandard medicines; quality assurance and surveillance systems; training and licensing medicine vendors; enforcing drug importation, or manufacturing and distribution laws and regulations. The role of SBCC programs will vary according to the situation.

Part 2: Activities to Combat SSFFC Malaria Medicines

What Is Being Done Globally to Combat SSFFC Malaria Medicines?

Many international partners are working to combat the global burden of SSFFC malaria medicines. Their work generally falls into one of the following categories: drug quality assurance and monitoring; procurement, regulation, and enforcement; communication and advocacy; promoting reporting; and working with the informal sector.

Drug Quality Assurance and Monitoring

Video: Redefining Access: A Global Commitment to Quality in Public Health

Advancing countries' abilities to test medicine quality and sharing test results with key stakeholders and consumers are important strategies to combat SSFFC antimalarials. A number of technologies are available that national agencies can use to test the quality of medicines without having to send samples to international laboratories. The **Promoting the Quality of Medicines (PQM) Project**, managed by the U.S. Pharmacopeial Convention (USP) with funding from the U.S. Agency for International Development (USAID), trains and equips regulatory authorities, quality assurance professionals and pharmaceutical representatives to test and evaluate medicine quality. The PQM project has four Official Medicine Quality Control Laboratories in sub-Saharan Africa in Ethiopia, Ghana, Nigeria and Kenya. The USP-Ghana has launched the **Center for Pharmaceutical Advancement and Training (CEPAT)**, which has trained almost 200 African professionals on a number of quality control and assurance topics. **Learn more about USP's work in promoting quality by watching this video.**

The World Health Organization (WHO) has created a **surveillance and monitoring system** for tracking and reporting suspicious medicines by its member states, featuring a web-based Rapid Alert System and Rapid Alert Form. (**Learn more about SSFFC WHO activities.**) The system issues alerts about SSFFC malaria medicines. These alerts can be found on the **Rapid Alert website**. Organizations like **Pharmaceutical Security Institute**, **Worldwide Antimalarial Resistance Network** (WWARN) and **U.S. Pharmacopeial Convention** (USP) also track the presence of SSFFC malaria medicines, and have developed online tools to share findings of quality reports from PQM, drug companies and others. ACT Consortium has also focused recent research on quality medicine, **testing over 10,000 samples for medicine quality studies in six malaria endemic countries**.

Additionally, the **Global Health Assurance Partnership** (GHAP) is a new Swiss-based association created to expand upon the success of the Joint Interagency Task Force (JIATF). JIATF emerged as a Global Fund-established Special Initiative designed to proactively address the challenge of illicit medicines using a data-driven approach. The coalition of international agencies included Interpol, USAID and United Nations Development Program (UNDP). Like JIATF, GHAP now provides technical assistance and capacity building to national government agencies mandated to respond to pharmaceutical crime. GHAP also expands and scales up efforts to combat the trade in falsified and stolen medicines beyond the initial focus on antimalarial medicines to include other essential medicines and health products at risk of theft and falsification. GHAP offers three core services: Market Assurance Reviews (MARs) providing a detailed picture of the scope and scale of stolen and falsified medicines within a particular country; Supply Chain Assurance Reviews (SCARs) providing end-to-end assurance that subject supply chains are conforming without leakage; and Technical Assistance and Capacity Building to enable National Medical Regulatory Agencies (NMRAs) and other national specialist agencies.

Private companies like **mPedigree**, **PharmaSecure** and **Sproxil** have developed mobile verification technologies that allow consumers to verify the quality of medicines through text messaging. Using short message service (SMS) technology, consumers are able to text a serial number found under a scratch-off surface on the medicine packaging. The consumer will receive a text message from the manufacturer letting them know that the medicine is genuine. If the medicine is not linked to a registered manufacturer, the consumer will receive a notification that the medicine is not genuine, with instructions for reporting to the authorities.

Furthermore, quality assurance research initiatives also help to improve improve data collection and dissemination and promote data-driven decision-making. For example, **ACTwatch** is a multi-country research project implemented by **Population Services International** (PSI), which aims to provide timely, relevant and high quality antimalarial market evidence. The goal of providing this market evidence is to inform and monitor national and global policy, strategy and funding decisions for improving malaria case management. Nearly 50 outlet surveys have been conducted since 2008 within 12 project countries in sub-Saharan Africa and the Greater Mekong sub-Region. ACTwatch conducts outlet surveys on a range of sources, including public and private health facilities, community health workers, pharmacies, drug stores, general retailers (e.g., grocery stores, shops and market stalls) and mobile drug vendors, and is able to report on the total market for malaria medicines and diagnostics, including the types of outlets distributing antimalarials in each context. The results of these surveys reveal the availability, price and market share reported for quality-assured and non-quality-assured ACTs.

Procurement, Regulation and Enforcement

Most medicine procurement and regulation occur at the local or national level, and are tailored to the supply chain and regulation system of each country. These processes are influenced by international procurement and regulation policies created by international agencies and donors. Many organizations have adopted the standards set forth by the WHO Global Malaria Programme guidelines on good procurement practices for ACTs and monotherapies. The WHO system uses two methods to ensure medicine quality: the WHO **Prequalification Program** (WHO PQP) and the **Stringent Regulatory Authority** (SRA). In the WHO PQP system, manufactures are invited to submit an expression of interest (EOI) for producing medicines, which are then evaluated by WHO PQP personnel using a standard product assessment. Findings are then publicized on its website. Using SRA protocol, regulatory professionals register a product for a limited time and then reassess it at a later date. Many large donors only procure medicines that have gone through the WHO PQP, SRA or national food and drug administration processes.

Furthermore, the Convention against Counterfeiting of Medicines and Devices, also known as the Medicrime Convention, was set in place in January 2016. The convention, signed by 23 representatives, makes medicine falsification a crime and allows agencies to prosecute people convicted of falsification. For more information, review the **treaty** or this **infographic**, displayed on the previous page.

International agencies, like WHO, are not able to investigate criminals or enforce drug policies. To fill the gap, the United Nations Office on Drugs and Crime (UNODC), World Customs Organization (WCO) and Interpol have drafted recommendations, including sample legislation, for country stakeholders to adopt so they can prevent the manufacturing and selling of SSFFC medicines, and punish people who participate in these activities.

INTERPOL is an international organization that supports police coordination and cooperation around the world. Their Pharmaceutical Crime Program investigates networks of pharmaceutical crime and has been involved in a number of medicine seizures, arrests and convictions.

Communication and Advocacy

Limited information is available about the public awareness of SSFFC medicines in countries with high rates of malaria transmission. While public awareness was low in the early 2000s, a **2010 Gallup poll** found that the majority of the 17 sub-Saharan countries surveyed were aware that poor quality medicines were a problem, with awareness levels ranging from 25 percent of participants in South Africa to 83 percent in Sierra Leone and Nigeria and 91 percent in Cameroon.

Fight the Fakes is an awareness-raising campaign created by 10 health partners. The project shares stories of those affected by SSFFC medicines, releases media alerts and houses **resources** for governments and policymakers, healthcare professionals, media and patients. Sign up to receive email updates from Fight the Fakes **here**.

Sometimes organizations use entertainment to inform the public. For example, Interpol **released a song** called "Proud to Be," by Yvonne Chaka Chaka and Youssou N'Dour warning listeners about bad medicines circulating, especially in sub-Saharan Africa. In September 2014, the **Chirac Foundation** released radio and television spots and a social media campaign to remind the African public that #MedicineFromTheStreetKills (**#LeMedicamentDeLaRueTue**). In these spots , celebrities and cultural figures advocate against SSFFC medicines and share messages like "At best, fake medicines will do nothing. At worst, they will kill you. Learn more by visiting the Chirac Foundation website." The Chirac Foundation conducts additional advocacy activities to mobilize state government leaders around quality medicines, including work in **Cotonou in 2009** and at **the Ouagadougou Roundtable in 2011**.

Music Video: "Proud to Be," by Yvonne Chaka Chaka and Youssou N'Dour

Promoting Reporting

The USAID Office of Inspector General (OIG) launched the "Make a Difference" (MAD) Malaria campaign in several African countries to solicit the involvement of local communities in the fight against those who threaten overseas malaria programs. The MAD Malaria campaign's main objective is to obtain actionable information concerning the theft, transshipment, resale or falsification of antimalarial drugs and commodities within the U.S. President's Malaria Initiative's (PMI) focus countries. Local residents can partner directly with the MAD Malaria campaign to make a difference in their community by reporting individuals involved in the illicit sale, distribution or manufacture of these lifesaving commodities.

The campaign works in PMI-supported countries through U.S. embassies, USAID, implementers of malaria programming, local law enforcement and medicine regulators. A central feature of the campaign is the toll-free MAD malaria hotline that allows community members to report information on distributors, sellers and manufacturers of stolen or falsified malaria commodities. Relevant and actionable information from individuals merits cash rewards. The overall aim of the MAD Malaria campaign is to ensure the utility of PMI-procured commodities and programming, and incentivize citizens to participate in strengthening and protecting malaria programs within their countries.

MAD poster from Nigeria; this and other materials can be found in the Appendix.

Rewards for information concerning the theft or falsification of antimalarial drugs are being offered through the USAID OIG. Thousands of dollars may be paid as a reward, although the amount varies depending on the extent to which the information is new and actionable by the OIG. Anyone with information should contact the USAID OIG MAD Malaria Hotline via email at MADMalariaHotline@usaid.gov. All information will be kept strictly confidential, although it is necessary to reveal identity in order for OIG to pay a reward.

To date, the MAD Malaria campaign has launched in Benin, Nigeria and Malawi. The campaign is also working in Malawi to combat the issue of diverted medicine with external support from the Global Fund OIG. In Malawi, the MAD Malaria campaign raised awareness about the issues through newspaper advertisements, broadcast radio spots and a coordinated press briefing with the Global Fund OIG.

See the **Appendix** for campaign materials from Malawi and Nigeria.

Working with the Informal Sector

Some programs in sub-Saharan Africa have worked directly with informal drug retail outlets to improve access to good quality malaria services and medicines. For example, in 2001, Tanzania launched an **accredited drug dispensing outlet (ADDO) program** that increased access to good quality drugs, including ACTs, through vendor trainings, incentives and improved regulation. **A pilot program** in Tanzania gave rapid diagnostic test (RDT) kits to ADDO owners; customers who took a malaria test first were more likely to buy ACTs than those who did not test. **Other programs** working with informal vendors have been able to improve knowledge and dispensing practices, the number of vendors stocking ACTs and the price of ACTs.

Country Examples

Nigeria, Ghana and Benin are just some of the countries that are working to reduce SSFFC malaria medicines. Click on areas below to learn more about each country and/or region.

Agents of NAFDAC (National Agency for Food and Drug Administration and Control) in Shagamu, Ogun state, Nigeria, publicly destroy fake, substandard, unwholesome and expired pharmaceuticals, food and consumables worth N249,406,119.20 seized at different ports of entry nationwide and from street drug hawkers. © 2007 Opara Adolphus, Courtesy of Photoshare

Nigeria

The **prevalence of SSFFC malaria medicines in Nigeria** has a great impact on global malaria morbidity and mortality, as the country has more reported malaria cases and deaths than any other country in the world.

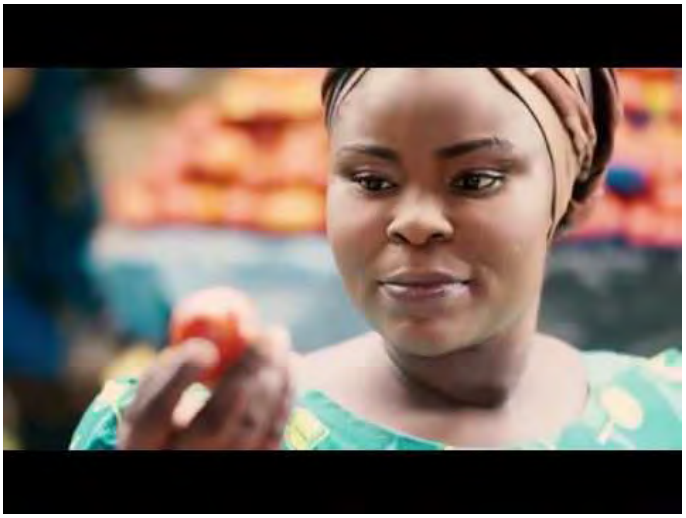
After a 2001 study estimated that 40 percent of medicines in the Nigerian market were substandard or falsified, NAFDAC, under former Director General Dora Akunyili, prioritized the fight against SSFFC antimalarials in Nigeria. The agency took hard action – retraining NAFDAC staff, opening up more state offices, updating drug analysis laboratories and creating stricter drug regulations. Public awareness campaigns used TV and radio programs, National Youth Service Corps groups, food and drug safety education in schools and a consumer care hotline to raise public awareness of the problem. While SSFFC medicines continue to affect the country, their presence has significantly dropped. One recent study in Enugu city, Nigeria even found that approximately 6 percent of medicines were substandard and 1 percent were falsified.

Today, Nigeria continues to be challenged by its limited availability of healthcare facilities and its large, informal, unregulated private sector. Consumer behavior also makes regulation difficult. About half of all Nigerians live in rural areas, far from government health facilities, and rely on traditional open-air markets and untrained patent and proprietary medicine vendors (PPMVs) for malaria treatment.

Government agencies and the pharmacist council have tried to close down some of Nigeria's larger open drug markets – the government is currently increasing the availability of good quality drugs by opening large government-run wholesale distribution centers.

Poster from Nigeria; this and other materials can be found in the Appendix.

NAFDAC has made Mobile Authentication Service (MAS) mandatory for all ACTs. When the scratch technology was first launched it was accompanied by an awareness-raising campaign, but experts have found that the consumer education piece must be continued and expanded for the technology to be effective.



Video: Promoting Quality Malaria Medicine Use in Nigeria - Pidgin

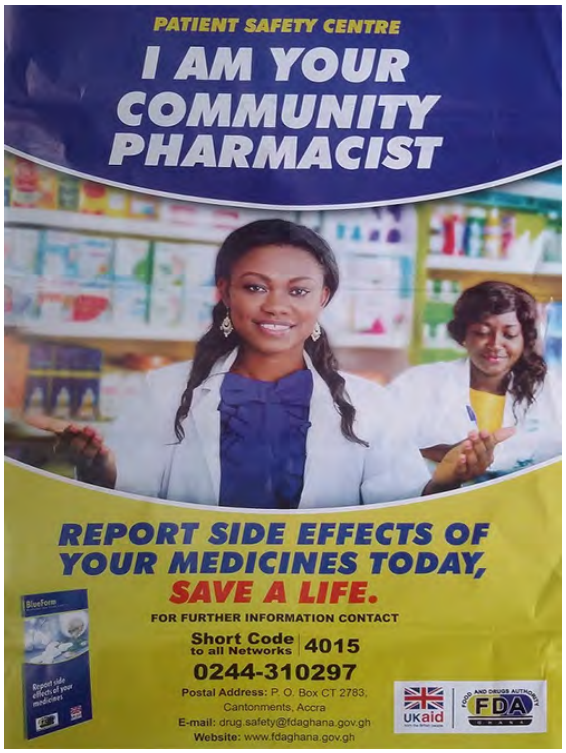
In 2016, HC3 partnered with the NMEP and NAFDAC to launch a five-month SBCC campaign in Awka Ibom State to promote practices that reduce consumers' risk of using SSFFC malaria medicines. The campaign combined house-to-house visits by community volunteers, TV and radio spots (**spot 1** | **spot 2**) and print materials, training for PPMVs and media engagement through journalist trainings and mentoring. Print materials included advocacy fact sheets, a fact book and posters for PPMVs, as well as those educating clients about steps they can take to protect themselves and how to verify the quality of their program using their mobile phone. **See a copy of the SSFFC malaria medicines communication strategy for Nigeria here.**

Ghana

Malaria is a leading cause of death in Ghana. Unfortunately, the country is also plagued with unregulated drug markets and poor regulation compliance. While not representative of the entire drug market, a convenience sample in 2008 found that one in three malaria medicines were substandard or falsified.

The Ghanaian Food and Drugs Authority, in collaboration with USP, have been undertaking countrywide product quality monitoring exercises to determine the quality of antimalarials on the Ghanaian market since 2008. Results of the monitoring exercise indicate a steady drop in the incidence of SSFFC antimalarials from as high as 28 percent in 2008 to three percent in 2015. The most recent round of quality tests in 2015 found no substandard ACTs, although there were some failed malaria medicines that were not ACTs.

Ghana houses one of four Official Medicines Quality Control Laboratories in Africa. The others are located in Ethiopia, Nigeria and Kenya. USP's Center for Pharmaceutical Advancement and Training (CEPAT), based in Ghana, trains pharmaceutical professionals from across Africa in medicine evaluation and registration, quality control and good manufacturing practices.



This poster from Ghana encourages consumers to report adverse side effects to a national hotline. For more information on this campaign, **see here.**

Benin

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

Moment from TV spot to raise awareness of SSFFC malarial medicines and promote safe medicine sources. Translation: "Every five minutes, a child dies because of fake antimalarial medicines, namely fake ACTs bought from informal shops and vendors."

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

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

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

Social Marketing activity raising awareness that "Fake Medicines Kill."

The campaign used TV spots, stickers, house-to-house outreach activities and journalist training to raise awareness about the dangers of SSFFC malaria medicines, as well as the availability of the free malaria services provided through the public health sector. The campaign also provided the opportunity to engage vendors who sell ACTs in markets around the importance of medicine quality. The campaign reached a total of 776 vendors and 2,482 clients through peer educators and 15703 mothers of children under five by interpersonal communication.

Flier promoting the hotline, reading "To listen to your concerns, call the toll-free number 7344 to hear more information (open Monday to Saturday, 9:00am to 9:00pm). Hotline: It's credible and reliable information about STIs/HIV/AIDS, family planning, malaria, diarrheal disease, obstetric fistulas, vaccines and violence against women and traffic persons."

Material reminding the public that medicines purchased from informal vendors can be deadly, as well as the various sources where they can find quality-assured ACTs (e.g., pharmacies, public health centers, hospitals, accredited private clinics, trained community volunteers).

Greater Mekong Subregion

Over the past 15 years, the Greater Mekong Subregion (GMS), comprised of the People's Republic of China, Lao People's Democratic Republic (PRD), Cambodia, Myanmar, Thailand and Vietnam, has made positive strides in malaria prevention and control. In fact, GMS governments, with unprecedented donor and political support, have pledged to eliminate malaria from the region by 2030. However, the development and spread of artemisinin resistance threatens this progress. The widespread prevalence of SSFFC malaria medicine in the GMS only increases the threat of resistance, as exposure to substandard doses of artemisinin strengthens parasites' tolerance to **various antimalarial medicines**. **Self-medication is also very common** among residents, mobile and migrant populations, which creates challenges for health practitioners who want to track whether consumers are buying quality products and taking the full dose.

While the prevalence of SSFFC malaria medicine in the GMS varies depending on the country, it is clear that antimalarials from the informal private sector are likelier to be poor quality than those available through the formal health system. This is especially the case in areas near international borders with unofficial entry points that are **harder to regulate**. A multi-country study conducted from 1999 to 2000 using convenience sampling identified SSFFC antimalarials in five countries, finding fake artesunate in 25 percent of samples from Cambodia, 38 percent from Lao PDR, 40 percent from Myanmar, 11 percent from Thailand and 64 percent from Vietnam (Newton et al., 2001, Ratanawijitrasin and Phanouvong). Another study from 2006 found that both licensed and unlicensed outlets in the GMS were selling SSFFC malarial medicines (50 percent of licensed and 75 percent of unlicensed outlets) (Lon et al., 2006, Ratanawijitrasin and Phanouvong). A more recent study (2013) had a 4.9 percent **failure rate** among antimalarial samples from the GMS – which shows that while some progress has been made, there is still a ways to go.

A volunteer Village Malaria Worker conducts Malaria Direct Observe Therapy (DOT) in Roveang village, Sotnikum district, Siem Reap province, Cambodia.© 2012 Lina Kharn/University Research Co., LLC, Courtesy of Photoshare

This progress is due to the numerous programs that were put in place to combat SSFFC antimalarials in the GMS, including activities aimed at increasing surveillance, education and access to quality-assured medicines. Efforts like the **WHO database** allow for quick data sharing when suspected SSFFC medicine cases are identified. The USP has worked with local governments to create a Network of Official Medicine Control Laboratories to improve quality surveillance and promote experience exchange among regulators. The Promoting Quality Medicines program has also produced a series of public service announcements (PSAs) to warn the public about poor quality medicine, as well as **a documentary about SSFFC medicines in the region**. Additionally, projects like the USAID-supported Control and Prevention of Malaria (CAP-Malaria) implemented by University Research Co., LLC. (URC) Cambodia and Myanmar to standardize surveillance and **treatment protocols**, and promote positive case management and medicine use through trainings and **educational materials** for consumers, health providers, pharmacists and medicine **vendors**.

Cambodia has taken a particularly strong **national stand** to promote quality ACT. It was the first country to change its national medicine policy to ACTs, and has since banned monotherapies. In 2003, before the monotherapy ban, PSI launched a national social marketing program to provide subsidized quality-assured ACTs and RDTs to private sector health providers with monthly supportive supervision visits. Mass media

channels and mobile video units at the village level were used to stress the importance of getting tested before taking treatment, the dangers of substandard drugs and the importance of completing the full three-day course. As caseloads have declined and the disease has become more concentrated, so has the network. The project currently targets registered providers and at-risk worksites employing mobile migrants in the north and northeast of the country where the prevalence is highest. Moreover, as a part of the **Malaria Control in Cambodia** (MCC) project, CAP-Malaria (October 2007 to September 2011) and the follow-on CAP-Malaria project (October 2011 to September 2016) – both implemented by URC and the Cambodian government launched its "village malaria workers" (VMW) program, which identified and trained VMWs (two per village), and provided them with free RDTs and quality-assured antimalarial medicine. The program identified and trained VMWs (2 per village), provided them with free rapid diagnostic tests (RDTs) and quality-assured antimalarial medicine, and trained them to provide directly observed treatment (DOT) of Plasmodium falciparum malaria to ensure complete treatment and cure. This program not only helped to "move malaria treatment from the private to the [quality-assured] public sector," it also reduced the use of SSFFC medicines. Trainings introduced VMWs to information about the symptoms of malaria, ways to prevent mosquito bites and the dangers of SSFFC medicines. These messages were also disseminated to the public through posters, billboards and a call-in radio show. Through the PQM program the Cambodian government created a joint committee to reduce the volume of SSFFC medicines in **Cambodia**. These efforts have helped produce promising results. A 2013 quality study did not find any falsified malaria medicines. However, 31.3 percent of samples were found to be substandard and 10 percent were expired.

Significant work is also being done in Myanmar. In 2012, PSI assessed the availability of different antimalarials sold by Myanmar's private sector health outlets through a market survey and found that an alarming 70 percent of outlets were carrying oral artemisinin monotherapy. This finding triggered the Artemisinin Replacement Program, which replaced monotherapies with a branded quality-assured ACTs called Supa Arte, supplied by PSI. Supa Arte, has a quality-assured logo (a golden lotus) printed on all packaging. In 2013, market coverage was increased using a second distributor (Artel+). Market surveys, completed every year since the start of the program, have documented the dramatic and rapid decline of monotherapy availability from 70 percent (2012) to 50 percent (2013) to 10 percent (2014). The AMTR network currently has 20,000 supported outlets who are stocked with quality assured ACTs and RDTs and routinely visited to ensure correct malaria case management and regular data reporting. Additionally, CAP-Malaria has expanded access to quality malaria medicines throughout the Myanmar health system by working with employers to train informal private providers and provide them with quality-assured RDTs and malaria medicines. These informal private providers – also known as "quacks" – are often the first place villagers go to seek treatment, due to their low cost and easy accessibility. To combat artemisinin drug resistant malaria in Myanmar, CAP-Malaria piloted DOT administration of ACTs for Plasmodium falciparum cases by VMWs. URC is applying the lessons learned from these efforts to expand the engagement of informal private providers and VMWs in malaria diagnosis and DOT administration of ACTs in the follow-on project PMI|USAID Defeat Malaria (October 2016 to September 2021) in Myanmar.

Video: PSI Supa Arte 1

Video: PSI Supa Arte 2

Video: PSI Supa Arte 3

REMEMBER! Because SSFFC problems vary from country to country, campaigns and activities that worked in Senegal and Benin may not be effective in your country. For example, mobile verification systems and messages may not be effective in countries where medicine diversion is the primary problem, as the medicine likely started off genuine but has deteriorated during illicit transport. We encourage you to take inspiration from the examples shown here, but then choose a communication strategy and target audience based on the unique needs and resources available in your country. See **Part 3** for guidance on how to develop and implement an SBCC campaign tailored for your country. If you have also conducted SBCC campaigns for SSFFC antimalarials but do not see your work here, **contact us** for ways to share your materials, experiences and lessons learned.

See the **Global SSFFC Malaria Medicine Resources** listed in the **Appendix** to learn more.

Part 3: Promoting Quality Malaria Medicines through SBCC

The process of developing and managing SBCC programs follows the five-step P Process, regardless of the issue to be addressed. This I-Kit focuses on "essential elements" at each step in the process specific to substandard and falsified malaria medicines.

This I-Kit will walk through general considerations when designing and implementing an SBCC strategy to address SSFFC malaria medicines. More detailed guidance can be found in the **Designing a Social and Behavior Change Communication Strategy**.

- **Step 1:** Conduct a Situation Analysis and Identify Potential Partnerships
- **Step 2:** Design a Communication Strategy and Build Partnerships
- **Step 3:** Develop and Test Messages and Materials
- **Step 4:** Implement and Monitor
- **Step 5:** Evaluate and Evolve

Step 1: Conduct a Situation Analysis and Identify Potential Partnerships

Effective SBCC begins with a thorough understanding of the problem or issue that you want to influence.

Developing a communication strategy to address substandard and falsified malaria medicines is no different. What is a bit different from other health issues are the sources of information, the types of information you need, the partners you may want to work with and the questions you need to ask. In addition to information concerning media access, literacy levels and preferred channels of communication, a strong situation analysis of SSFFC malaria medicines provides the following information:

- The prevalence of substandard and falsified malaria medicines in your country or community, and geographic prevalence
- A description of existing malaria medicine manufacturing, importation, distribution and quality control systems – listing any differences between geographic areas
- An understanding of the laws, policies, regulations and enforcement systems in place to protect the public from substandard and falsified malaria medicines
- Prescription and dispensing practices of health workers, pharmacists, and other official and unofficial sellers or distributors of malaria medicines
- Malaria treatment knowledge, beliefs, attitudes and practices among the public, health workers, pharmacists and drug vendors
- Regulatory efforts that are in place to prevent SSFFC malaria medicines, and how knowledgeable the public is about these efforts
- Stakeholders involved in efforts to ensure quality of malaria medicines, their roles and what they are currently doing to address SSFFC malaria medicines

Why Is a Situation Analysis Important?

A situation analysis provides a detailed picture of the current state of the malaria medicine supply chain from manufacturer to user, including prescribing and treatment practices of health workers, vendors, pharmacists and consumer/client treatment practices. This understanding will inform the overall vision and objectives of your communication strategy as well as implementation decisions and will ultimately contribute to its success.

What Is Already Known about the Drivers of SSFFC Malaria Medicines?

HC3 conducted a desk review, **Global Landscaping of SSFFC Malarial Medicines** in 2015. The document focuses on the global SSFFC situation and efforts to address substandard and falsified ACT and other malaria medicines, but also highlights activities that have helped prevent or improve the quality and availability of malaria medicines. These countries are Nigeria, Tanzania and Rwanda.

How Should I Conduct a Situation Analysis in My Country?

The best way to start is to conduct a desk review of available research reports, policy documents and media reports. One organization that works with regulatory authorities in several countries to conduct drug quality surveys is the United States Phamacopeial Convention (USP). Through the USP website you can check the Medicines Quality Database for a report on the quality of medicines in your country. See the **Appendix** for links to other helpful sources of information.

Conduct interviews with key informants in the National Malaria Control Programme, the national drug regulatory body, professional councils of pharmacists and health workers, pharmaceutical trade associations and major pharmaceutical companies to learn more about the situation. Often, these interviews will lead to more contacts, reports and research.

To learn more about the knowledge, attitudes, beliefs and practices surrounding malaria medicines access and use, conduct interviews with clients, health workers, pharmacists, regulators and drug vendors. These interviews may be quantitative or qualitative – quantitative research provides numerical data and can help us understand how many people believe or act a certain way, or determine the strength of relationships, while qualitative research provides more detail, and can explain why a person believes something or acts a certain way. One quick and inexpensive way to get quantitative information is to purchase questions on commercial omnibus surveys conducted periodically by marketing research companies.

To learn more, read **How to Conduct a Situation Analysis**, **How to Conduct a Program Analysis** and **How to Do an Audience Analysis**. See a sample **SSFFC Antimalarials Landscaping Report here**.

What Key Questions Should Be Asked?

The situation analysis will have three main sections:

THE MALARIA CONTEXT AND EXTENT OF SSFFC MALARIA MEDICINES IN YOUR COUNTRY.
You will want to know about the malaria situation—the type and source of the problem, its prevalence, which populations are most affected and the current malaria case management recommendations. What is the recommended first line medicine for malaria management? What is the policy regarding malaria diagnosis? What is the prevalence of substandard and falsified malaria medicines? What are the most common sources of SSFFC malaria medicines?

THE FACTORS INFLUENCING SSFFC MALARIA MEDICINES PREVALENCE AND USE.
SBCC campaigns usually target factors or behaviors that influence a defined problem. With this in mind, it is important to gain an understanding of the many factors influencing SSFFC malaria medicines prevalence and use. For example, it will be helpful to learn how malaria medicines are manufactured and distributed. Are malaria medicines imported or manufactured locally? How is the quality of malaria medicines monitored? What regulatory body is responsible for setting drug standards, registering manufacturers and distributors and enforcing laws concerning medicine quality? Who is licensed to sell and dispense malaria medicines and what is the system for training and licensing them? What laws and penalties exist to deter improper importation, manufacturing and dispensing of malaria medicines? What are the variations in costs for customers purchasing malaria medicines?

It will be helpful to know about the public's treatment seeking and malaria medicine purchasing practices, as well as their attitudes and knowledge concerning substandard and falsified malaria medicines. Who in the household usually treats malaria and buys medicines? How do they usually diagnose malaria? Where do they most commonly get malaria medicines? What do they know about substandard and falsified malaria medicines?

See examples of survey questions here.

KEY PARTNERS AND ACTIVITIES IN THE FIGHT AGAINST SSFFC MALARIA MEDICINES.
Health practitioners will also want to know what organizations and individuals are involved in ensuring the quality of malaria medicines and enlightening the public about it. What organizations or institutions are involved in monitoring the quality of medicines? What organizations or institutions are communicating with the public about drug quality and malaria treatment? What organizations or institutions train pharmacists, health workers and drug vendors concerning malaria medicine storage, dispensing and quality control? What advocacy efforts are taking place that influence the quality of malaria medicines?

Whom Should I Interview and Meet With?

Many actors are involved in efforts to protect malaria patients from poor quality ACTs and monotherapies. Each group has their own perspectives, roles and resources. You will meet many potential partners who can help shape and implement your communication strategy when conducting the situation analysis. It will be very beneficial to involve as many as possible and as early as possible.

Most partners come from one of five groups:

- Medicine regulatory and policy bodies and professional associations
- Pharmaceutical manufacturers, importers, distributors, and trade associations
- Government malaria control program and its civil society partners
- Criminal investigation and law enforcement agencies
- Media and communication specialists

Involving as many of these partners as possible will strengthen your understanding of the issue. You may want to get these partners together again when you develop your communication strategy.

Step 2: Design a Communication Strategy and Build Partnerships

All effective SBCC initiatives are based on context-specific strategies that are owned and implemented in partnership with health, media, private commercial companies, community organizations and politicians, among others. Both of these elements are essential: having a strategic plan and partnering with others. Here we will highlight some unique characteristics of designing SBCC programs and forming partnerships to address substandard and falsified ACTs and monotherapies.

A mother and baby, along with a nurse in Ufukoni dispensary, outside Mtwara, Tanzania.

A well-developed communication strategy is the foundation of a strong and effective campaign. It provides a "road map" for SBCC efforts, and ensures SBCC activities and outputs are coordinated and harmonized to achieve agreed-upon goals and objectives. It describes priority audiences, communication objectives, strategic approaches, positioning and messages.

For an in-depth orientation to designing communication strategies, log onto the self-paced SBCC online training **Module 2: Focusing and Designing**.

What Is the SSFFC Malaria Medicine Problem that the Communication Strategy Will Address?

Using the situation analysis from Step 1 will help identify the type of SSFFC malaria medicines problems going on in a country or community, the groups most affected by and affecting the problem and the actions that various groups are taking to reduce the availability and use of SSFFC malaria medicines.

The first step in strategy design is to write a clear statement of the problem it will address. Usually, this is done together with stakeholders, based on their common understanding of the problem.

Successful SBCC strategies focus on one specific issue that can be influenced through communication. Addressing too many issues or an issue that SBCC cannot change can be confusing.

To help focus the communication strategy, develop a focused problem statement, such as this one from Nigeria: *"An estimated 10 percent of malaria medicines available and being used [by malaria patients] to treat malaria in Nigeria are substandard or falsified."*

The problem statement names the health issue (malaria treatment) and indicates who is affected (malaria patients), where (nationally) and, if known, the extent of the problem (10 percent).

Who Are the Audiences for this Communication Strategy?

Next, define priority audiences for the communication strategy. Often called primary and influencing audiences, they are the people whose behavior must change in order to address the SSFFC malaria medicines problem. It is best to focus communication strategies on one or two priority audiences. This will allow program managers to concentrate resources and energy where they are most likely to have impact. Remember that each audience will need its own SBCC activities and materials, monitoring and evaluation systems.

Usually, the audiences for a communication strategy are determined during a stakeholders meeting.

Primary Audience(s) are the group(s) of people programs want to directly influence with their messages. They are often the people who are directly affected by the problem or best able to address the problem. Strong primary audiences are groups who are:

1. Directly affected by SSFFC antimalarials in the country or community
2. Most at risk for SSFFC antimalarials in the country or community
3. Make decisions or have influence on those affected
4. Likely to make the biggest impact on the SSFFC malaria medicines problem

To not undermine confidence in malaria medicines, it is important to select primary audiences for whom there are realistic and doable actions.

Influencing Audiences (or Secondary Audiences) are the people who influence the primary audience, either directly or indirectly. Influencing audiences may include family members, service providers, medicine vendors or leaders who help shape social norms and treatment practices, influence policies or influence how people think about SSFFC antimalarials.

When considering audiences for SSFFC malaria medicines SBCC, answer the questions below (answering **YES** or **NO** to each question).

Consumers

- Are they directly affected by/at risk of SSFFC antimalarials?
- Are there actions they could take to reduce their risk of SSFFC antimalarials?
- Are these actions realistic?

Informal Medicines Vendors

- Do they directly influence SSFFC antimalarials prevalence in the country/community?
- Are there actions they could take to reduce the country's/community's risk of SSFFC antimalarials?
- Are these actions realistic?

Formal Pharmacists and Medicine Vendors

- Do they directly influence SSFFC antimalarials prevalence in the country/community?
- Are there actions they could take to reduce the country's/community's risk of SSFFC antimalarials?
- Are these actions realistic?

Health Providers

- Do they directly influence SSFFC antimalarials use in the country/community?
- Are there actions they could take to reduce the country's/community's risk of SSFFC antimalarials?
- Are these actions realistic?

Drug Regulators

- Do they directly influence SSFFC antimalarials prevalence in the country/community?
- Are there actions they could take to reduce the country's/community's risk of SSFFC antimalarials?
- Are these actions realistic?

Criminal Investigators and Enforcement Specialists

- Do they directly influence SSFFC antimalarials prevalence in the country/community?
- Are there actions they could take to reduce the country's/community's risk of SSFFC antimalarials?
- Are these actions realistic?

Other Populations

- Do they directly influence SSFFCs antimalarials prevalence in the country/community?
- Are there actions they could take to reduce the country's/community's risk of SSFFC antimalarials?
- Are these actions realistic?

Now that you have a list of possible primary audiences, determine a priority audience from these options by asking:

- What group is the most affected/at risk?
- What behavior would have the most impact on the SSFFC antimalarials problem in your country/community?
- What group is most crucial to addressing the problem? Is it necessary that you include this group as an audience?
- How likely will this group change within the timeframe of your SBCC program?
- Will focusing only on this group be enough to affect the problem? If not, what other groups should be involved?
- Does the SBCC program have the resources and reach to focus on this group? Consider engaging partners to reach groups that your organization may have trouble reaching.

Audience Analysis

Once you've determined your primary and influencing audiences, identify the socio-demographic, geographic, behavioral and psychographic characteristics of each priority and influencing audience. Define their communication preferences and other opportunities to reach them.

At this point, you might find that you do not have enough information about your priority audiences to conduct an analysis. If that is the case, you will want to conduct some quick formative research, such as focus group discussions or in-depth interviews with audience representatives.

Often audience analysis is done in small groups during a stakeholders meeting. Each small group is assigned an audience and given a worksheet with questions that guide their analyses.

When creating your audience profile, reflect on the following questions:

1. What is the demographic profile of your audience?
    - Age:
    - Gender:
    - Residence (urban/rural):
    - Marital Status:
    - Education level:

- Number of children
- Socio-economic status:

2. What is the desired behavior for this audience in regards to SSFFC malaria medicines? These should be specific behaviors that will address the problem statement.
3. What does this audience currently do to address SSFFC malaria medicines?
4. What are the main reasons why this audience is not adopting the desired behavior?
5. What is the key constraint or the biggest constraint that prevents this audience from practicing the desired behavior? It should be a constraint that SBCC can affect in some way.
6. Who or what influences their current practices regarding malaria medicines? What factors can influence the audience to adopt the desired practice?
7. How does the audience get information? What are the most reliable sources of information to this audience?

Find further guidance on conducting an **audience analysis here**.

What Are the Objectives of the Communication Strategy?

Your strategy should articulate a communication objective for each primary and influencing audience. Based on the audience analysis, the communication objective is a measurable statement that clearly and concisely states what the audience should know or think, what they should believe or feel and what they should do as a result of your communication. "SMART" communication objectives are Specific, Measurable, Attainable, Relevant and Time-bound. Monitoring and evaluating communication objectives helps to determine the extent to which your communication strategy succeeds.

Usually, the communication objective for each audience should deal with the key constraint to adoption of the desired behavior. For example, a primary audience for the Nigeria SSFFC malaria medicines campaign was consumers who buy anti-malaria medicines. Their biggest constraint to using good quality malaria medicines was their preference to self-diagnose and self-medicate, rather than visiting a health facility for diagnosis and treatment of malaria. The communication objective for this primary audience was:

> *"As a result of our SBCC campaign, malaria medicines consumers will know that self-medication exposes them to substandard and falsified malaria medicines that worsen the malaria problem, feel that money spent at the health facility is worthwhile since they are protected from SSFFC malaria medicines there, and go to the health facility if they experience malaria symptoms."*

Some other examples of SMART communication objectives for SSFFC antimalarials include:

- Within four months, increase the proportion of people who can identify the manufacturer's label, batch number and expiration date on a medicine packet from 20 percent to 50 percent.
- Within six months, increase from 10 percent to 30 percent the proportion of health providers in program sites who talk about quality medicines when providing positive malaria diagnoses to clients.
- Within one year, increase the number of national mobile verification service engagement by 25 percent.

For step-by-step guidance on developing communication objectives and templates to help with this element, refer to:

- **Designing a Social and Behavior Change Communication Strategy**
- **How to Develop a Communication Strategy**

What Strategic Approaches Should You Employ?

Once you have determined your communication objectives, you will need to select strategic approaches to meet those objectives. Strategic approaches are the ways a SBCC intervention is packaged or framed into a single program, campaign or platform. Many campaigns and initiatives use multiple approaches to reach their audiences. There are many approaches and channels your program could use to promote change, including advocacy, community-based media, community mobilization, counseling, distance learning, information and communication technology (ICT), interpersonal communication (IPC)/peer communication, mass media, social mobilization and support media/mid-media.

The approaches that you choose will depend on the channels available and preferred by your audiences, as well as the behaviors that you are promoting. Some examples of strategic approaches for SSFFC antimalarials programs include:

- Advocacy among law enforcement agencies to tighten medicine regulation
- Community mobilization to raise awareness of SSFFC antimalarials and promote positive purchasing practices
- Counseling clients to verify the quality of their medicine when informing them about positive malaria test results
- Orientation of drug vendors to the dangers of SSFFC malaria medicines and how to recognize and report them

For step-by-step guidance on determining your communication approach, as well as detailed list of possible channels, refer to:

- **Designing a Social and Behavior Change Communication Strategy**
- **How to Develop a Communication Strategy**
- **How to Develop a Channel Mix Plan**

What Positioning Should You Use?

Positioning is the heart of the SBCC strategy. It identifies the most compelling and unique benefit that the behavior offers the primary audience(s). Positioning is the emotional "hook" upon which the SBCC strategy hinges. It presents the desired behavior in a way that both persuades and appeals to the audience(s). Positioning ensures that messages have a consistent voice and that all planned activities reinforce each other for a cumulative effect.

Some examples of positioning statements for SSFFC malaria medicines are:

- Mothers who buy malaria medicines from only registered pharmacists are good mothers who care about their children's health and well-being.
- Informal medicine vendors who buy medicines from quality, low-risk sources are protecting both the good reputation of their businesses and the communities they serve.

For step-by-step guidance on determining your communication approach, as well as a detailed list of the different possible channels, refer to:

- **Designing a Social and Behavior Change Communication Strategy**
- **How to Develop a Communication Strategy**

What Key Messages Should Your Strategy Communicate?

Key messages outline the core information to convey to audiences consistently and across all activities. Messages cut across all channels and must reinforce each other across these channels. Effectiveness increases when all SBCC approaches (e.g., community mobilization and mass media) communicate harmonized key messages expressed in different ways and build on each other. Well-designed messages are specific to the audience and clearly reflect both positioning and a specific element that drives or inhibits behavior (a behavioral driver). Key messages clearly describe the desired behavior, which must be an action the audience is able to do in order to be effective.

Some examples of key messages for SSFFC malaria medicines include:

- Confirm medicine quality by using scratchpad technology before buying malaria medicine
- Reduce the risk of buying poor quality medicine by purchasing from a regulated source
- Protect clients by telling them where to buy good quality malaria medicines during post-rapid diagnostic test counseling sessions

For step-by-step guidance on developing key messages, refer to:

- **Designing a Social and Behavior Change Communication Strategy**
- **How to Develop a Communication Strategy**
- **How to Design SBCC Messages**

How Can You Build Stakeholder Ownership and Participation In the Strategy?

Many actors are involved in efforts to protect malaria patients from poor quality ACTs and monotherapies. Each group has their own perspectives, roles and resources. In conducting your situational analysis, you may have reached out to members of a number of roles and perspectives, including those from medicine regulatory and professional associations, pharmaceutical manufacturers and distributors, government malaria control programs, civil society groups, criminal investigation and law enforcement agencies, and media and communication specialists. Involving as many of these partners as possible will strengthen your communication strategy, and expand its reach. When partners sit together to design communication plans and messages, they are more likely to own them and use them. This reduces duplication of efforts and promotes sharing of resources.

One way to engage partners from the beginning is to invite their participation in a strategy design workshop. During this workshop, invite key representatives from each of the five groups consulted during the situation analysis to present their experiences, research and programs. Share your situation analysis for their validation and to frame decisions concerning audiences and communication objectives.

Structure the workshop to invite stakeholder participation in making key strategic decisions (e.g., audience identification and analysis, identify gaps and appropriate calls to action, communication objectives and essential message content, etc.). Invite their participation on a SSFFC malaria medicines communication advisory group to provide input on the final communication strategy and the design of communication materials and activities. Request they implement SSFFC malaria medicines activities and use the communication materials alongside their usual work, and ask them to participate in monitoring and evaluation activities.

See an example strategy design workshop agenda from Nigeria. To learn more about conducting an SBCC communication strategy design workshops, see **How to Conduct a Stakeholder Workshop**.

What Does an SSFFC Malaria Medicines SBCC Strategy Look Like?

Communication strategies will vary from country-to-country, depending on the type of problem, audience and local solutions available. **See an example of Nigeria's Communication Strategy to Address SSFFC Malaria Medicines here.**

REMEMBER! Your communication strategy will not be a static document – it must be adapted to respond to the ever-changing environment of SSFFC malaria medicines, as well as shifting priorities and new research findings and data.

For an in-depth orientation to designing communication strategies, you can also log onto the self-paced SBCC online training **Module 2: Focusing and Designing**. Also, if your strategy revolves around developing a quality-assured brand, see HC3's series on How to Create a Brand Strategy **Part 1**, **Part 2** and **Part 3**.

Step 3: Develop and Test Messages and Materials

The process for developing and testing materials and activities is no different when communicating about SSFFC malaria medicines than with any other health issue. Begin by preparing creative briefs for all materials, engaging creative expertise (writers, advertisers and producers, etc.), developing creative materials for review by technical experts, pretesting revised materials with intended audiences and finalizing them with the results of your pretest.

Creative briefs are short, written documents used by project managers and professionals to guide the development of creative materials (e.g., posters, leaflets, drama, film, websites, fact sheets and radio or TV spots). They are based on a communication strategy. Usually, creative briefs are no more than two pages in length and describe the format, define the audience(s), outline the key message content and show the desired results for a material or set of materials. Creative briefs guide the materials development process and should be shared with experts engaged to design and produce creative materials.

Engage the creative expertise (e.g., writers, advertisers or radio and video producers) necessary to develop the materials. Creative briefs will become part of the scopes of work for these experts. It can be helpful to stay in regular communication with the creative experts to ensure that final products support the overall communication strategy. This can be done by sharing and discussing the creative brief in the beginning, and providing regular feedback throughout the materials development process.

SBCC materials must be pretested with their intended audiences to ensure they are understood, compelling and are not offensive. It will also be important to pretest materials with gatekeepers to ensure they are accurate and in line with government priorities. To ensure the accuracy of information, program planners should also ask a group of stakeholders to review the SBCC materials. In most countries, there is a government review and approval process for SBCC materials that program need to adhere to.

For more detailed instruction about these steps, refer to:

- **How to Develop a Creative Brief**
- **How To Develop SBCC Creative Materials**
- **How to Conduct a Pretest**

Step 4: Implement and Monitor

The objective of this step is to conduct a coordinated set of activities as described in your strategy, making adjustments according to data and audience feedback.

There are two parts to this step:

- Get your message out as widely as possible to your intended audiences.
- Collect and use information to make adjustments.

Get Your Message Out

Once all materials have been produced, you can begin implementing the activities outlined in your communication strategy. It is very helpful to meet with a stakeholders group to agree on a schedule for activities and assign responsibilities. Activities may include:

- Orienting key officials, partners, media representatives and health workers to the campaign and the issue, and enlisting their support. (See sample orientation materials for medicine vendors in Nigeria here.)
- Training mobilizers or resource persons (see sample training materials for community volunteers in Nigeria **here**)
- Orienting pharmacists and medicine vendors (see sample orientation materials for medicine vendors in Nigeria **here**).
- **Disseminating media messages**. This begins with identifying the broadcast channels that will reach a large proportion of your intended audience, and are trusted sources of information. You can refer to commercial media surveys or health communication surveys to identify these channels. Often, communicators contract media placement agencies to put together broadcast schedules for radio, television and/or mobile media, and broadcast according to the agreed upon schedule.
- Distributing print materials. Even before printing materials, you should decide how you will distribute them to their intended audiences. Your distribution plan will dictate the numbers of copies to produce. The closer you can get SBCC materials to their intended audiences, the better. All too often, SBCC officers distribute materials to health facilities or district headquarters, where they sit in bundles, never reaching the men and women they were intended for. It is also important to consider distributing materials where people will be most likely to act on your messages. For example, when distributing posters that expain how to check a packet of ACTs for authenticity, people are most likely to use that information at places where they purchase ACTs, like pharmacies or drug shops.
- Holding periodic review meetings with the advisory group and implementers. During these meetings, you can learn about challenges and successes from implementers, review monitoring data and adjust plans as necessary.

Collect and Use Information to Make Adjustments

collectinformationRoutinely collecting information helps you know whether or not activities are taking place as planned, how many people are being reached and, ideally, what effects your activities and materials are having on audience behavior. It is best to put together a monitoring plan when you design the communication strategy. This plan describes the information that will be routinely collected, how it will be collected, by whom and how frequently. For more detailed instructions concerning this, see How to Develop Monitoring Indicators and How to Develop a Monitoring and Evaluation Plan.

For SSFFC malaria medicines SBCC campaigns, you will want to collect the following types of output information routinely:

- The number and timing of media broadcasts
- The number of print materials distributed and where
- The number of drug sellers, journalists and community volunteers trained
- The number of people attending community based or group activities
- Pre- and post-training evaluation scores
- The number of published newspaper articles about SSFFC malaria medicines
- The number and content of listeners' calls and/or text messages during radio or TV programs
- Number of MAS texts sent, and the proportion of medicine sales this represents
- Number of calls to Make a Difference (MAD) hotline or other relevant hotlines

With your monitoring plan in place, you will need to establish a system and tools for collecting, compiling, analyzing and sharing the monitoring data. Tools may be paper-based, web-based, computer or mobile-phone based. Regardless of the level of technology involved, you will need to develop guidelines and train all people responsible for capturing and reporting data. You will also need to supervise the monitoring system carefully to ensure that you get useful and accurate data in a timely manner.

Step 5: Evaluate and Evolve

In this step, program staff will determine whether or not their SBCC campaign met its objectives and had its intended effects on knowledge, attitudes and behavior of their intended audiences. Program managers can use this information to decide whether or not to continue the campaign and if so, how it could be adapted to be more effective. Evaluating SBCC programs combatting SSFFC malaria medicines is similar to evaluating SBCC on other health issues, so the focus here is on key considerations when evaluating SSFFC malaria medicines SBCC campaigns. For detailed instructions concerning program monitoring and evaluation, see **How to Develop a Monitoring and Evaluation Plan** or take the self-paced online **SBCC Training Module 5**.

What Questions Should I Ask to Evaluate an SSFFC Malaria Medicines SBCC Campaign or Intervention?

Evaluation questions will depend on the objectives and theory behind the communication strategy. Most often, SBCC programs are designed to influence knowledge, feelings of vulnerability and self-efficacy, practices and/or perceived norms around the specific topic being addressed. For example, law enforcement and consumer behavior. See examples of questions asked about SSFFC malaria medicines in Nigeria **here**.

What Evaluation Methodology Should Be Used?

ssffcmandeThe sources of information and the types of information program staff want to collect will determine the evaluation methodology that should be used. Interviews are the best method for measuring knowledge, attitudes, beliefs, intentions and behavior. However, survey results may not accurately reflect

the behavior because, for example, the respondent may not correctly recall the topic or feel social pressure to respond a certain way. Observations are often the best way to measure adherence to prescription practices and standards, especially among health workers or drug dispensers. Retail audits can also provide helpful information about supply. During these visits, the observers randomly sample drug shops and pharmacies to audit the types of ACTs they stock and learn where they procure them from. However, observations and audits may not be possible given the program size, human resources available or the type of behavior being measured. For a more in-depth discussion of evaluation methodologies, see **How to Design a Monitoring and Evaluation Plan**, as well as the **M&E for SBCC for Malaria modules**.

Who Should Be Interviewed?

The respondents program staff interview will depend on the audiences they are aiming to influence. If, for example, the program messages are designed to get informal drug sellers to purchase malaria medicines only from licensed pharmacists and wholesalers, then staff will probably want to interview drug sellers and possibly observe their stocks of ACTs and monotherapies. If programs want consumers to scratch the MAS pad and text the number for confirmation of authenticity, they will want to interview consumers who have purchased medicines during the campaign period.

Part 4: Work with the Media

The news media can be a strong ally or a dangerous obstacle to SSFFC malaria medicines communication campaigns. When well informed, the news media can raise public awareness about the prevalence and risks associated with SSFFC antimalarials, inform listeners, readers and viewers about steps they can take to protect themselves and others, and mobilize stakeholders to play their part in the fight against SSFFC malaria medicines. However, when the news media does not have clear and accurate information, they can undermine efforts by sensationalizing the issue and scaring people away from effective malaria treatment.

HC3 prepared this section in collaboration with their partner Internews. It is based on Internews' experience training journalists and media specialists in Nigeria and around the world. It also includes content from *News for a Change*.

What Is the News Media?

The news media can be divided into five broad categories: print publications (such as newspapers and magazines), radio, television, online news outlets and social media platforms (such as Facebook, Twitter, Instagram, Snapchat, Periscope and many others). Each of these categories can be sorted according to their geographic reach (national, regional, local and community) or their specialized areas of focus. Each category has its own distinct styles and audiences.

Public Sector Media

Public Service Media is generally associated with broadcasting (television and radio), which is made, financed and controlled by the public, for the public. It is neither commercial nor state-owned, and it is free from political interference and pressure from commercial forces. (Source: UNESCO)

Photo credit: Internews

PROS

- Can provide the platform for diverse viewpoints to coexist, steeped in position of independence.
- Generally regarded as believable. Can ensure messages are believed and taken seriously.

CONS

- Can be regarded as didactic (providing moral instruction, possibly with an ulterior motive) and therefore not very engaging.
- Messages could be regarded as "preachy," which can be a turn-off for audiences.

Independent Media

Independent Media is generally defined as any form of media (e.g., radio, television, print and online media) that is free of influence by government or corporate interests. It can act as a sounding board for government policies, enable citizen participation, and act as a force for accountability and a bulwark against abuses of power. Without an independent media, it is difficult for citizens to raise and discuss issues of development that affect their lives. (SOURCE: Internews)

Photo credit: Internews

PROS

- The public regards content on independent media as being believable, which ensures that the message is believed.

CONS

- Independent media practitioners place high value on the newsworthiness of any content featured.
- Under certain circumstances it may be a struggle to convince them to integrate public service or behavior change content into news content.

State-owned Media

State-owned Media is considered media for mass communication that is controlled both financially and editorially by the state (or government in power).

PROS

- Is designed to have wide reach, meaning the messages will be broadcasted to and accessed by the majority of the population in the context in programs are working.

CONS

- Often regarded as "pushing the agenda" of the government or ruling party, hence content can be regarded with suspicion or distrusted by certain sectors of the population.

Mohamed Hassan Osman, manager at Star FM, poses for a portrait on the roof of Star FM's studio in Nairobi, Kenya. Star FM is working with Internews to build a local radio station in Dadaab, Kenya so that the refugee population there has better access to local news.

Mainstream Media

Mainstream Media is generally understood to mean mass media as a significant force or sphere of influence in modern culture that has the potential to effect large groups of people, and to both reflect and shape societal norms and attitudes.

PROS

- Regarded as "established" and "credible," it will be beneficial to work with practitioners working in this media.
- Content featured on mainstream media platforms is broadly regarded as accurate information that has "stood the test of time."

CONS

- Is very selective when it comes to news content, as it strives to provide a news service of broad, general interest. Therefore, editors working in mainstream media may demand that all content passes the newsworthiness and general interest test.

Alternative Media

Alternative Media differs from the dominant forms of media and is usually considered to be contra mainstream media in that it does not represent society's mainstream or dominant ideologies. While it can take the same forms as mainstream media – in other words, print, radio, television and the internet – in some instances it is so widely consumed as to be considered mainstream. (SOURCE: Simon Fraser University)

Credit: Javier Merelo/Internews

PROS

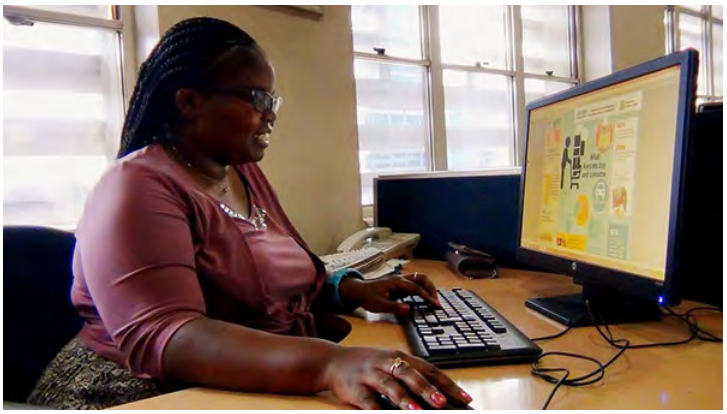
- Has a loyal following among its supporters.
- Will provide a dedicated (if possibly small or niche) audience which is likely to be receptive to the message.

CONS

- Is usually not accessed by anyone outside of its dedicated audience. This will mean that programs would need to engage additional media outlets within the relevant media landscape.

Community-based Media

Community-based Media is owned, operated and managed by communities and is commonly associated with a grassroots attitude and a bias toward the free flow of opinions and ideas. It is usually driven by a mission to educate and inform and to "create a big tent under which its listeners can engage and challenge each other, as well as their political leadership." Radio is the most commonly preferred media platform, and while these operations tend to be small, they can cover relatively large geographic areas, and impact many people. (SOURCE: UNESCO)



PROS

- Has the advantage of opening a window into a dedicated target audience, which is specific to a geographic area or community of interest.
- Has the potential to provide highly targeted information on behavior related interventions.
- Is also able to provide rapid response content and to provide platforms for grassroots engagement via talk radio and call-in radio formats, for example.

CONS

- Is by definition small, hence programs would need to be sure to reach out to another media format if their intention is to reach larger sections of the relevant population.

Citizen Journalism

Citizen Journalism represents the journalism provided by individuals without professional journalism training, who use modern technology to create, analyze and disseminate news and information.

PROS

- Individuals who are allies or close collaborators can be enjoined to post targeted media content, crafted and timed exactly as desired.
- No space limits and no significant editorial goal posts to negotiate.

CONS

- Is usually limited to dedicated followers.
- Is still not regarded as providing consistently reliable news and content.
- Need to engage mainstream and/or public service media in addition to citizen media to reach a wider audience.

Benefits of Working with the Media

Research shows that the amount and way that an issue is covered by the media strongly influences how people feel and act about **the topic**. Partnering with the media can help to strengthen the reach and impact of SSFFC malaria medicines SBCC campaign by reinforcing key messages through news sources that are trusted by the intended audiences. Media engagement can also help to reduce knowledge gaps, correct misinformation, stimulate discussion and influence knowledge, attitudes, behaviors, norms and even policymaking.

Collaborating with the media can be a "win-win" for health program and media staff. Journalists regularly have space and airtime to fill, but are often constrained by tight deadlines or a lack of knowledge about a health issue. This is especially the case for an emerging health topic like SSFFC malaria medicines. Health practitioners, on the other hand, want to increase awareness about their issue and promote positive behaviors to a vast audience, but may not have adequate resources to do so. By orienting the media on the best practices and key considerations for reporting on SSFFC malaria medicines, program staff will not only ensure accurate reporting the first time a story goes to press, but will also create a sustainable workforce to communicate with their intended audiences.

By working directly with journalists, program staff can increase the reach and sustainability of their media activities, as well as their program. Journalists are nicely placed to report on a health issue over time. They are uniquely able to amplify, personalize and share the nuances of a particular issue as breaking news occurs or public awareness and opinion changes. When health professionals collaborate with the media, they gain access to journalists who understand the SSFFC malaria medicines situation, and can produce higher quality and better informed reporting about the issue. Journalists in turn gain a reliable and trustworthy source of information.

All in all, when engagement is done intentionally and thoughtfully, the news media can be invaluable allies **to health communicators**. Investing in the widespread dissemination of informed, accurate and engaging public information can result in sustainable returns that, story by story, make a difference in the lives and well-being of people.

Considerations for Working with the Media

While there are many positives to partnering with the media, health practitioners must be sure to clearly communicate the nuances of SSFFC malaria medicines to their media partners in order to prevent the unintentional spread of harmful rumors or attitudes. As mentioned in Part 1 of the I-Kit, the global community has been working for some time to promote the effectiveness of artemisinin-combination therapy (ACTs). Any reporting on SSFFC malaria medicines must be careful to focus on the steps people can take to protect themselves, and not cast doubt on the effectiveness of ACTs. If news stories only talk about SSFFC malaria medicines in a negative light, they may actually undermine your SBCC campaign's desired effects. To avoid discouraging people from using effective malaria medicines, journalists should prepare stories emphasizing the effectiveness of good quality malaria medicines, as well as the steps that consumers can take to ensure medicine quality.

In addition, SBCC practitioners should remember to budget for training and engaging with the news media. While training local media well has immediate (frontloaded) cost implications, these costs are more than offset by the sustainability and longevity of this approach Reference . It is important to ensure that your program's

media strategy is appropriate for the funds and resources available to your organization. Depending on your media plan, you will need to budget for:

- Press (or media) conferences
- Production of press/media kits
- Training course(s) for journalists
- Travel for journalists to capture human interest stories
- Study tours for journalists to learn about drug quality assurance, regulation or enforcement

This section, **How to Work with the Media** describes a step-by-step process that health program managers and communication specialists can follow to develop mutually beneficial relationships with media representatives and effectively engage their support for their SSFFC malaria medicines campaign. It illustrates these steps through examples from HC3's work with the media in Nigeria. It is recommended that health practitioners looking to work with the media follow the five essential steps below.

We encourage you to share your experiences, questions and thoughts about working with the news media on SSFFC malaria medicines by using **the contact form on this I-Kit** or post about your experience on **Springboard for Health Communication**.

Step 1: Learn about the Media Landscape

In order to determine the most appropriate way to work with the media, program staff must first gain an understanding of the media options available in their area. Ideally, this should be part of a situation analysis.

At this stage, program staff will want to note which independent, public or state-owned, mainstream or alternative media is available in their area. In most countries, there is a local media or journalism association that can provide a detailed list of all the different media outlets in-country. This search should go beyond mainstream media options, to identify community newspapers and radio stations. They should also find out whether there is an association specifically for health or science reporters in-country, and if not in-country, regionally, such as the African Health Journalists Association (AHJA). Journalists who are members of these associations will generally be receptive to working with public health practitioners, and will most likely bring some knowledge of public health concerns to the discussion. This step will help determine which news sources will make the best partners.

Some questions program staff may want to ask members of these associations include:

For general journalist associations:

- Do you have members who specialize in specific journalism beats?
  - **If yes** – Does your association have health beat journalists, whose outlets regularly feature health news?
  - **If no** – Would you be interested in introducing health journalism as a specialist beat among your members?
- Would you have an interest in inviting health professionals to your gatherings to speak with members about reporting on malaria and the issue of SSFFC malaria medicines?
- Are you aware of any health journalism training or funding opportunities? If so, what are they?

For members of a health journalist association:

- What resources do you consult for writing health stories?
- Do you host or co-host regular meetings with health professionals to discuss story approaches in the field of health?
- What health related training or fellowship opportunities have been available in your country in the past year? In the next year?
- What initiatives has your association hosted or facilitated to improve health reporting? What about reporting on malaria? SSFFC malaria medicines drugs?
- Do you have members who specialize in reporting on drug supply and regulation issues? What about malaria?
- What are the challenges you/members of your association face when reporting on health? What about malaria? Drug supply issues?
- How can we as health professionals ensure more accurate and engaging stories concerning SSFFC malaria medicines appear in the media?

Program staff may also want to review news sources to see if their topic is already being reported, and if so, how. As they monitor the media, they will want to keep track of key media sources and contacts, as well as consider the following:

- Are SSFFC malaria medicines already being covered?
- If not, are there other issues being covered that relate to SSFFC malaria medicines?
- What are the main themes and arguments being presented on various sides of the issue?
- Who is reporting on SSFFC malaria medicines or stories related to it?
- Who appear to be the spokespeople?
- Who is writing op-eds or letters to the editor on SSFFC malaria medicines? What side are they taking?
- Are there any solutions being presented?
- Who is named or implied as having responsibility for solving the problem? Is your target audience named in the coverage?
- What stories, facts or perspectives could help improve the case for your side?
- What's missing from the news coverage of SSFFC malaria medicines?

Step 2: Establish Relationships with Journalists and Reporters

After identifying potential media sources with whom to partner, program staff will want to reach out to representatives to start establishing a working relationship with them. Media engagement can take many forms, depending on the type of media with which programs are working. Activities may include writing editorials or opinion pieces, hosting a media event or news conference or sending out press releases. Speaking with media representatives will help determine what activities can best support and get coverage for the SSFFC malaria medicines program, as well as be mutually beneficial for the media representative, as they will have a reliable and trusted source on a topic.

Before reaching out to journalists and reporters, it is important to keep in mind:

- Journalists and reporters do not work for SBCC programs – their stories may look nothing like SBCC messages. For example, while SBCC campaigns focus on its direct messages, journalists may focus on the underlying political and social issues as a means to provide context to the SSFFC malaria medicines issue.
- Journalists do not work in a vacuum. They have to work within legal, professional and other organizational constraints.
- Many news outlets have limited resources. Health stories are often assigned to generalist journalists. In fact, most journalists are generalists, even in large media organizations.
- With few journalists specializing in public health, they may lack expertise in malaria and SSFFC medicines.
- Many journalists are reluctant to develop close relationships with government or other institutional officials, as they pride themselves on being watchdogs of these institutions.
- Be aware of how technology has changed the way journalists communicate and how audiences consume news. Respect the fact that journalists rely on a steady and reliable flow of newsworthy information. Journalism deadlines may be very different than SBCC program deadlines.
- Never discount local reporters in favor of the international news media. They are a direct link to the communities that SBCC programs are trying to reach.

Preparing to Engage the Media

Before reaching out to journalists, take a moment and decide what the unique story of SSFFC malaria medicines is. Think about what story would be helpful to share about poor quality medicines in an area and with whom it should be shared. For example, would media activities want to raise awareness about the presence of SSFFC malaria medicines, gain public approval for a potentially controversial activity like shutting down an illicit market or advocate for improved monitoring or regulation systems? It can be helpful to reflect on the problem, solution, stakeholders with the power to make change, populations who must be mobilized to apply pressure for the change and the messages that would convince those with the power to act for change. While journalists and reporters may want to tell a story through another lens, walking through these questions will help program staff identify their unique story, as well as better communicate their position in a clear, concise and accurate way. Health communication specialists in Akwa Ibom, Nigeria, went through a similar process. Click to see the types of story angles they recommended to journalists.

To better share their perspective with media partners, programs staff may want to assemble a media kit that includes helpful information about their program and the issues of SSFFC malaria medicines in their country or community. Media kits can make very nice handouts for journalists and reporters to take away after press conferences or orientation sessions. The kit may include:

- **A press release** containing the most important information you want to share. Remember to keep this document short, use lists for key points and display contact information prominently. Program staff may also want to include the date they want the information to become public. Be aware that when information is embargoed until a later date, there is no guarantee that it will not be shared ahead of time. See Step 3 of this I-Kit for more detailed information about writing press releases.
- **Program materials** with general information about SSFFC malaria medicines and the campaign.
- **Illustrative examples** of campaign materials.
- **A business card.**

Engaging the Media

Once media liaisons have prepared their messages and materials, it is a good idea to identify and meet with journalists and news editors who may have written about SSFFC malaria medicines before. After that, they will want to reach out to these sources again from time to time. If SSFFC malaria medicines has not yet been reported on, they may want to hold briefing sessions or arrange periodic roundtable meetings to get feedback from reporters and editors and to share information about SSFFC malaria medicines with them.

It can be helpful to meet with a range of media professionals, including editors, managing editors, producers, reporters and freelance writers or journalists.

Table 1: Suggested Media Professionals

Communicating with editors and news managers (content gatekeepers) is an important step in not only getting their input, but also their buy in and support. They can share their needs, expectations, limitations and opportunities for working together.

Involving senior media figures in making strategic decisions, identifying gaps and providing input, you will strengthen the partnership and increase your chances of amplifying your messages in ways that can exponentially increase your reach. As you will see from the job descriptions column, most media outlets have an individual responsible for content decisions and another more involved with planning and the allocation of resources. Click the boxes below for an overview of each type of media professional.

Personnel	Job Description	Specific Benefits/Considerations
Editors and News Managers	The editor is responsible for the final product of the news outlet. S/he sets the editorial direction, policies and tone for the publication. The editor ultimately decides what type of content appears in the publication and what prominence it will receive. The editor rarely writes individual articles but may write opinion pieces or a daily editorial. The news manager typically manages the entire news staff, including journalists, photographers, studio managers and producers. S/he manages the operational planning, logistics, production and presentation of news content. It is important to note that these roles and titles may vary from outlet to outlet, but most of the larger publications would have an individual which directs content and tone (editor) and another which is more involved with production, logistics and planning and the allocation of resources (manager). Find out how the posts are described and the roles allocated at the outlet with which you wish to engage.	Communicating with editors and news managers (content gatekeepers) is an important step in not only getting their input, but also their buy in and support. They can share their needs, expectations, limitations and opportunities for working together. Involving senior media figures in making strategic decisions, identifying gaps and providing input, you will strengthen the partnership and increase your chances of amplifying your messages in ways that can exponentially increase your reach. As you will see from the job descriptions column, most media outlets have an individual responsible for content decisions and another more involved with planning and the allocation of resources.

Reporters/Journalists	The primary job of a journalist is to find and write stories which are relevant for the audience of their publication. In the course of their work, they do interviews with people, build contacts, attend news briefings and launch events or public functions. They at times need to be reactive, responding to breaking news, but more senior journalists pride themselves in proactively finding unique stories through investigations and nurturing relationships with their contacts. Specialist or beat journalists build up expertise in an area of specialization. A science or health beat journalist, for example, must be well informed on developments in these areas. It is expected that they generate news and feature stories through building a strong contact base and keeping themselves abreast of the latest news and trends in science and health. Having researched their stories, they pitch these to the editor and then create content for publication.	The journalist is your primary point of contact for getting a story done, so it is crucial that you have a circle of journalist contacts, who in time can become allies of your health cause. They may need you as much as you need them, but be aware of what their needs are. They and their editor will not consider a story favorably if it seems like a public relations exercise. You may need to provide the journalist with a rationale for why the story should be done. Consider that they themselves usually need to pitch the story to their editor, so provide them with a strong rationale and good case studies to "humanize" the story. For example: "SSFFC malaria medicines cause undue harm because they cannot effectively treat malaria. This story will help raise awareness, therefore, people in the community will have better health." It is helpful if you can establish and grow relationships with select journalists to foster mutual trust over time.
Freelance Journalists	Freelancers do the same jobs as employed journalists, but the difference is that they do not have a fixed position or guaranteed income. They usually offer their stories to a variety of news outlets and are paid per story produced.	When pitching your story to a freelance journalist, there is the advantage that they have the freedom to tailor it to suit the most appropriate outlet (i.e., they often engage with a range of publications, and thus a wider range of media outlets becomes accessible to you). On the other hand, freelancers will be particularly keen to ensure the story has a strong rationale and news angle, as they would not want to approach an editor with anything but a unique and compelling story.

Producers	Radio and TV producers generate and research ideas for radio and TV programs. They source interviewees on topics that are newsy and relevant to their outlet's audience. They find and veto content and also manage the logistics of aligning people, resources and equipment to produce recorded or live shows. Producers also respond to audience feedback and complaints. Their job can be very demanding and time consuming: they need to do the right thing at the right time – particularly during live broadcasts. In addition to content production, logistics and people management skills, they also need to be a master of the technology relevant for their medium.	Building and maintaining good relationships with radio and TV producers means you get to understand the engine rooms of radio and TV. Producers are always on the look-out for show ideas, but like journalists and editors, they need to be convinced that a story will be compelling and relevant or "that it matters." Producers are "ideas-people" who always seem to have little time, but if you make an effort to engage meaningfully with them and have a strong story angle and potential interviewees to propose for their show, you are on your way to building a win-win relationship.

The work does not end after these briefings or meetings. Afterward, monitor news coverage, to not only track the results of these efforts, but also to correct misinformation and provide additional explanations, if needed.

Cultivate a contact person at each of the news media sources identified. A template for a contact sheet is provided on the next page to keep track of the different media specialists with whom you are engaging for your SSFFC malaria medicine initiative.

When working with editors, news mangers or journalists, keep in mind that this outreach may not immediately produce news coverage. Be willing to understand what makes the news and what makes up newsworthy elements. Depending on the feedback from journalists and reporters, you may want to adapt your angle based on these elements, or come back to them at a different point in your project, by attaching your project to other breaking news or an anniversary.

Media Specialists Contact Sheet

News Group	Contact Position	Name	Email Address	Phone Number	Notes/Comments	Areas of Follow Up

Step 3: Plan a Media Strategy or Approach

There are a number of ways to engage with the media, including press/news releases, media conferences and media trainings. Program staff may want to conduct a range of activities, depending on their program's needs.

Writing a Press Release

A news or press release is a document sent to news media outlets/houses or agencies, and included in a media kit. It is a focused document that is usually written as a news story, and highlights an intervention by an organization, agency or a company, an event, or information about a product or service. It is written with the news media in mind, and is meant to convince journalists to cover the issue that the news release is showcasing. Here is a sample press release from a global meeting of SSFFC malaria medicines stakeholders that took place in Ghana. Keep these best practices in mind when writing a press release:

- Make sure to select a strong angle for the story that is newsworthy.
- Always lead with the most newsworthy and important information. Use a strong headline and opening paragraph that will pique the reader's interest. In this section, cite the reason for the news release. General information should be placed further down the article.
- Illustrate the story with real examples the reader can relate to. Similarly, use strong quotes from real people to illustrate the story.
- Be brief. There is no need to write the whole story in the news release.
- Keep the language simple, and do not use jargon or abbreviations. Always use the third person.
- Make sure to stick to the facts and avoid exaggeration.
- Ideally, a news release should be one page, but if it's necessary to go over this limit, make sure it is no more than two pages.
- Always make sure to answer the five cardinal questions of journalism: who, what, when, where and why. Also try to answer how, and make sure to be very clear why this story matters.

Holding a News Conference

Holding a news conference is often key to connecting with the media. Keep them short, but not so short that journalists feel that they have not been heard or given a chance to interact with the experts, ask questions or even do on the spot interviews. Limit the news conference to three people, who are talking for five minutes each (15 minutes total).

Here are some considerations for holding a news conference:

- Be clear about the information that will be shared with the news media.
- If indoors, make sure that all technical equipment, including microphones, speakers, lighting and any other equipment needed, is in working order. If outdoors, make sure that people can hear the speakers.
- Have enough copies of the media kit available for each media representative.
- Invite as many journalists as possible. If your information is not urgent, send your invitation a few days in advance.
- During the news conference, make a brief formal opening statement, mentioning all the most important information related to who, what, when, where, why and how.
- If more than one person will be speaking, introduce them and run through your agenda, so that the journalists and reporters know what to expect and who will be speaking in which order.

- Allow time for questions – this typically lasts at least 15 minutes.
- If needed, have the speakers or additional people available to answer questions after the news conference concludes.

Providing a Media Bite or an Interview

When working with the media, program staff may be asked to provide a media bite or interview. Before submitting a media bite or giving an interview, take a moment to learn about the journalist and their goals to help tailor talking points and ensure that participation will help the cause. Ask journalists to describe their story and the type of information they would like to receive from the interview, as well as share how they learned about the program/issue and provide the names of who else they have talked to for their story. Also, make sure to ask about their deadline. As It is likely that journalists will ask about the problem and what should be done to reduce it.

While those interviewed may have a lot to say on the matter, it is important to keep in mind that only two or three of their sentences may make it to the final piece. Remember to keep the message short, simple and to the point. It is best to use common language (avoid technical terms) and highlight issues everyone should care about (for example, common sense, fairness or protecting audience's family) to ensure that audiences can relate to the message. Those interviewed may want to strengthen the case by using examples or personal stories.

For both media bites and interviews, those interviewed will want to reflect on the one to three points they want to get across during the interview – and then stick to those messages. They may find it helpful to think of talking point in terms of three sentence: the main point, supporting fact and an illustrative example. For example:

First sentence (Main point): It is easy for the public to protect yourself and your loved ones from the dangers of poor quality malaria medicines!

Second sentence (Supporting point): In Nigeria, you can reduce your risk of buying poor quality medicines by shopping at formal medicine sources and verifying your medicine by texting the number under the scratch pad.

Third sentence (Illustrative example): This week, a mother in Akwa Ibom was telling me how easy it was to assure the quality of her medicine – she said that using NAFDAC's mobile verification system was just like adding credit to her phone!

Whether providing a smaller media bite or a longer interview, health practitioners should remember that they are the expert and that they have an important perspective to share. Stay calm and stick to the prepared messages. Those interviewed should not feel obligated to answer questions that are outside their expertise and do not exaggerate or lie to strengthen the interview. Feel free take a moment to pause and think about a question before they provide an answer, or tell a reporter that they will get back to them with more information.

Hosting a Media Training

Hosting a media training is one way to build partnerships with the news media and make journalists aware of the issue and program, as well as bring attention to the key considerations they should keep in mind when reporting about SSFFC malaria medicines in the area. Media trainings are not only a good opportunity to generate buy in from media sources, they also help to connect journalists and reporters with SSFFC malaria medicine experts that they could use as sources for their stories. See the next step, Step 4 for more information about hosting a training.

Step 4: Inform and Train Media Representatives

Training media professionals is a helpful way to generate interest in a story, as well as improve the reach and sustainability of a program's message. To prepare for the media training, health practitioners will want to conduct the following steps:

Design a Survey or Questionnaire to Gauge the Journalists' Knowledge of SSFFC Malaria Medicines

A simple and effective way to engage with journalists is to invite them to complete a survey or questionnaire to gain insight into their experiences with journalism (especially with public health focused journalism and SSFFC malaria medicines), as well as their knowledge and attitudes about SSFFC malaria medicines. Health practitioners may also want to assess general interest in the topic and thoughts on the value and benefits of reporting on SSFFC malaria medicines.

Depending on the knowledge gaps identified in the situation analysis, it may be helpful to develop a quantitative or qualitative survey. Quantitative surveys will give numerical data that will help program staff understand, for instance, how many journalists write about health-related concerns, whether these kinds of stories feature regularly or how many stories they may have written about health or SSFFC malaria medicines in the past. Qualitative surveys will give contextual insight into the overall trends related to media stories on SSFFC malaria medicines, or malaria in general, as well as whether the journalists see any benefits deriving from being trained to write about this topic. They will want to consider the findings of this survey when designing a training to make sure that it is tailored to the needs of your media partners.

The survey should cover the journalists' overall knowledge of and engagement with general public health-related stories, and, more specifically, stories focused on malaria. It should also address the journalists' specific knowledge of and engagement with stories on SSFFC malaria medicines.

When developing the survey, keep in mind that:

- The more journalists who participate in the survey, the better, as it will provide a broad overview of general skills and capacities within the news media, as well as their interest in the topic.
- It is helpful to survey representatives from various types of media (newspapers, radio and television) to make sure it is representative of the different kinds of media that are present in-country. Health practitioners will also want to make sure that the geographical spread of the survey mirrors that of the area where SSFFC malaria medicines are most prevalent and/or where there are information gaps.

Here are some sample questions to potentially include in the include in the survey:

- How long has the journalist worked in the media industry?
- What are her/his skill sets?
- What is the journalist's overall capacity in health journalism; has she/he ever written a health story?
- Has the journalist ever written about malaria?
- Has the journalist ever written about malaria medicines?
- What factors influence them in writing about SSFFC malaria medicines, if any?
- If they have written about SSFFC malaria medicines, where did they go to get their information?
- Which media outlets are represented by the journalists?
- Are they freelance journalists?
- Where are the journalists located geographically?

EXAMPLE: A QUESTIONNAIRE FOR JOURNALISTS FROM THE NIGERIA CASE STUDY

This section of the guide was test-driven during a three-day journalism training led by HC3 and Internews. The training, focused on SSFFC malaria medicines, was held in Abuja, Nigeria, in February 2016. Ten Nigerian journalists attended the training full time.

The African Media Barometer (2011) describes Nigeria's media as being robust, diverse, independent and sustainable. The media is praised for recent improvements in professional standards and the report states that public authorities' respect for the media has increased over time. A recent Globescan/BBC poll examining global trends in trust in the media describes Nigerians as among the most satisfied with their media. As elsewhere in Africa, radio has a large following. SBCC campaigns typically leverage radio for wide reach but the United Kingdom's The Guardian reports on a review of **Voice of America's** broadcasts in Nigeria that "malaria prevention messages were clear but often very technical and not very personal and relatable." Analysis of twelve 30-minute episodes of the program *Karamin Sani Kukumi Ne* ("Little Knowledge is a Danger") over a 12-month period, showed 11 discussions on polio, but only five on malaria.

To raise public awareness and strengthen the reach of its program, HC3 designed and conducted a training course to guide journalists on various kinds of SSFFC malaria medicines stories. Story angles ranged from simple coverage of an SSFFC campaign activity aimed at changing usage and behavior, to more ambitious stories about SSFFC as a critical public health issue. The training was designed to help journalists identify the focus of their stories, who they should talk to and the kinds of questions they should ask when writing a story about SSFFC malaria medicines. It also helped them think about the different ways to approach malaria SSFFC stories more broadly. Journalists not only learned about SSFFC malaria medicines, they also learned simple facts about malaria, malaria treatment and how to ensure they use good quality malaria medicines, when needed.

Design a Training Workshop

Now with the findings of the survey, program staff will want to develop a training to address media representatives' interests and knowledge gaps. They may want to design a workshop to address two topics: one focused on information and knowledge sharing (story facts), and one on building journalistic skills (impact). In designing the training curriculum, they will devote almost as much time discussing journalistic skills as they will discussing SSFFC malaria medicines. Include modules on finding stories, identifying credible sources, nurturing contacts, improving interviewing techniques, considerations for impactful story structure and exploring story formats. This will remind journalists that new and accurate facts alone do not make a story and will also help them brush up on their professional skills. By the end of the training, journalists will be able to integrate their new knowledge and skills as they gain insight into the value of good quality malaria medicine and the need to tell meaningful stories with impact. This should also convince the journalists why the training is important and why knowing about SSFFCs will significantly benefit their audiences. It is important to design a training course with implementation in mind. In other words, journalists will be writing stories about the quality of malaria medicines during and after the workshop.

After identifying key participants, do the following:

- Develop a pre- and post-training questionnaire that includes the questions below. This will help tailor this training and future trainings, as well as measure the impact of the training on the journalists.*
- Develop important "take home" points/resources for journalists to use post-training.
- Develop an agenda, which could include a field visit.
- Develop a schedule to stay in touch with journalists after training. This should include clear guidelines for sharing their SSFFC malaria medicines stories with you post-training.

By scoring the answers before and after training, program staff will get a measure of the trainees' increased knowledge about SSFFC malaria medicines. Here are some possible questions to include in a pre- and post-training questionnaire:

- What is the proper medicine for malaria?
- Name two consequences if malaria patients use medicines of poor quality.
- Name three things that are being done to ensure people get good quality malaria medicines.

Key themes for the training exercises should include information that:

- Discusses malaria morbidity and mortality and strategies to improve it
- Helps familiarize journalists with key SSFFC medicine concerns
- Helps journalists reference key malaria facts, while translating them into stories
- Illustrates the SSFFC malaria medicine challenges in their country
- Highlights the legal and regulatory environment and combined effort to combat SSFFC malaria medicines
- Illustrates the dangers of SSFFC malaria medicines
- Helps journalists gain insight into how malaria has become normative to shift the paradigm for trainees and their audiences
- Gives journalists the tools to pitch (argue for) well-rounded impactful stories
- Provides a list of experts that journalists can call on for information or to check facts
- Contains the specific campaign framework and messages to ensure the use of good quality medicines
- Helps journalists develop new story elements to keep their reporting fresh and current

The outline of the training curriculum developed for the **Nigeria Case Study** is here. Ideally, journalists should be trained by journalists. Seriously consider employing a media expert.

*In the training curriculum from the **Nigeria Case Study**, modules are labelled STORY FACT or STORY IMPACT to indicate the facts and tools needed to write journalistically, and how to do this meaningfully.*

Train the Journalists

Good journalism, whether about malaria and SSFFC medicines or other subjects, relies on the storytelling skills of journalists. Providing journalists with technical knowledge is merely one aspect of the training. If journalists are not able to package that knowledge effectively, and translate it into compelling stories, then their work will not have an impact. The best training approach is to take the group through both STORY FACTS and STORY IMPACT sessions. The new "FACTS" that the trainees will progressively learn are about an area of critical concern in their communities. They need to be guided to integrate FACTS and IMPACT, and to tell accurate stories in a compelling way.

Key considerations for a successful training approach include:

- Encourage the active participation of the journalist trainees.
- Trainees need to understand that there is a need to focus on good quality malaria medicines, and why substandard and falsified ones are such a problem.
- Trainees are given the opportunity to share their own experiences and challenges related to reporting on malaria and SSFFC medicines.

- Trainees' skills in storytelling techniques are bolstered and they are given the opportunity to apply their own experience with lessons learned during their training by writing stories about/reporting on the topic of SSFFC malaria medicines.

TIP! When working with journalists, it is important to ask why the story about SSFFC malaria medicines is an important one that should be covered and reported on. Remind journalists to look for specific things in a story: their audiences, timeliness, relevance, accuracy, credible experts, third party validations, proximity, human interest angles/powerful stories and something that makes the story unique. The news media is often a direct connection to communities and the benefits of working with journalists outweighs the downside of not working with them.

Story Facts		
Story Fact 1	The challenge of reporting on malaria	Trainees understand there is a need to focus on good quality malaria medicines and why substandard and falsified ones are such a problem.
Story Fact 2	Malaria and its treatment	Information is shared about the malaria burden in the country, and why this continues to be a problem.
Story Fact 3	Efforts to eliminate SSFFC malaria medicines	What are SSFFC malaria medicines? Share information on efforts to eliminate it.
Story Fact 4	Outline of HC3's SSFFC campaign	Presentation about the malaria substandard and falsified medicines campaign – ensuring good quality medicines.

Story Impact		
Story Impact 1	Storytelling skills	What needs to be in every journalist's toolkit for impactful storytelling? Interviewing skills, storytelling skills and impactful writing.
Story Impact 2	Harnessing social media	Social media and the mainstream media: How do they strengthen one another?
Story Impact 3	The role of SBCC in the context of credible health news	What is SBCC? What are the key differences between SBCC and independent media? Do they share some commonality? Tips for incorporating SBCC-type content into news or feature-style writing.

Telling the SSFFC Story – A Guide for Journalists

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

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

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

Who should I talk to?

- Senior police officials; political leaders; legal professionals; SSFFC and malaria experts; NAFDAC; customs authorities; commercial pharmaceutical companies that manufacture and import ACTs; vendors' and pharmacy associations; USAID OIG; PMI; Global Fund and WHO representatives.

What do I ask?

- Are drug related regulations and laws consistently enforced?
- If not, what is the reason: lack of resources, such as manpower, equipment or finances? Corruption?
- Can NAFDAC, Pharmacists Council of Nigeria (PCN), police and customs officials safely enforce relevant laws? Why or why not?
- Are there measures in place to protect law enforcers from being victimized or bribed while on duty?
- What is being done internationally to stop the importation of SSFFC malaria medicines into Nigeria?
- What role does the public have in enforcement of laws to protect the quality of malaria medicines?
- What successes has Nigeria had in stemming the importation, manufacturing or sales of SSFFC malaria medicines?

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

Who should I talk to?

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

What do I ask?

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

STORY 3: If the focus of the story is a "big picture" story about ensuring good quality malaria medicines...

Who should I talk to?

- Government officials from NAFDAC and the Ministry of Health NMEP; customs authorities; drug manufacturing associations (Pharmaceutical Industry Practitioners Association of Nigeria, Pharmaceutical Manufacturing Group of the Manufacturers Association of Nigeria, Nigerian Association of Industrial Pharmacists); PCN, the Pharmaceutical Society of Nigeria and the pharmaceutical companies that import/manufacture antimalarial medicines; and other involved organizations (USP, HC3, Society for Family Health, USAID OIG and PMI).

What do I ask?

- Who is responsible for ensuring good quality malaria medicines in the country?
- How is the elimination of substandard and falsified malaria medicines managed? What systems are in place to identify SSFFC malaria medicines, remove them from the market and to stop them from entering the country?
- How do the responsible agencies coordinate with one another and relevant government institutions?
- What needs to be improved?
- What types of data systems are in place? Are they interlinked (e.g., how are substandard or falsified malaria medicines quantified and reported)? How are SSFFC related morbidity and mortality measured and recorded?
- Who has access to that information?
- How are the data used to ensure the quality of malaria medicines, as well as prevent illness or death from incorrectly treated malaria?

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

Who should I talk to?

- Neighbors; friends; community groups; members of the general public; those who take care of the elderly; poor people; doctors; clinics; healers; pharmacists and PPMVs; community health workers (people witnessing the problem); and especially mothers.

What do I ask?

- What have you witnessed in your area regarding malaria and treatment? How do people in your area usually diagnose?
- What are the dangers facing a specific group of users?
- What information is available for groups at risk of using SSFFC malaria medicines?
- How are these groups protected from poor health by specific legislation or infrastructure?
- What are the best practices for malaria treatment? What is the evidence for this? Translate this to something that everyone will understand.
- How can behaviors be promoted to ensure people use only quality malaria medicines?
- To patient/affected person: How were you/your family affected by taking drugs that were either substandard or falsified?
- To patient/affected person: What have you done to address this problem (i.e., what happened? What did you do to address it? How will you prevent the same thing from happening in future?)?

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

Who should I talk to?

- Hospital and clinic administrators, the Ministry of Health, senior police officials and malaria experts.

What do I ask?

- Do you know of someone who has suffered because of taking substandard or falsified medicine?
- How common is it for your facility to take in people whose malaria has been improperly treated?
- What type of care do such patients need?
- What is the average time they spend at your facility?
- What is the average cost of the care?
- Are they able to continue working and caring for their family?
- What are the recommended practices for malaria treatment?
- To patient/affected person: How were you/your family affected?
- To patient/affected person: What have you done to address this problem?

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

[1] African Media Barometer: Nigeria 2011. Retrieved from **http://library.fes.de/pdf-files/bueros/africa-media/08926.pdf**

Step 5: Monitor and Evaluate Media Engagement Strategies

Monitoring and Evaluation (M&E) is a critical component of an effective engagement strategy. It will allow practitioners to determine whether their media activities met their objectives, as well as identify how they could adapt their strategy to strengthen their program impact. In the case of the media training, they can use information from the pre- and post-training questionnaire to decide whether or not to continue training the media either on SSFFC malaria medicines or other public health concerns, or how the training may be more effective in the future.

Program staff may want to collect news clippings and recordings from TV/radio stories about SSFFC malaria medicines and conduct a content analysis. To do this, they will want to review each article for themes, but also look at the body of articles for trends that occurred over the course of the program/media engagement activities. They may want to note knowledge gaps and potential next steps based on the findings of this analysis. Learn more about how the Nigeria Case Study analyzed their questionnaire data in the example below.

Example: Monitoring and Evaluation for the Nigeria Case Study

In the **Nigeria Case Study,** the trainers from HC3 partner Internews used a pre- and post-training questionnaire to measure and compare any increase in knowledge as a result of the training. The questionnaires contained multiple-choice questions with straightforward answers, as well as a section for open-ended responses. This approach allows for an accurate calculation of scores, with some room for further qualitative evaluation of the extent to which messages had been internalized. The questionnaire can be found here.

The calculation of the pre- and post-training questionnaire scores from the training in Abuja showed:

- The calculation of the pre- and post-training questionnaire scores from the training in Abuja showed:
  - Pre-training malaria and malaria SSFFC knowledge: 54 percent
  - Post-training malaria and malaria SSFFC knowledge: 87 percent
- In addition, a simple way to evaluate whether the training had an impact on the journalists' capacity to report on SSFFC malaria medicines, is to simply count stories by:
  - Tracking how many stories produced during the training were printed or aired either during the training or shortly afterwards (e.g., during the first week).
  - Using a schedule to stay in touch with journalists, track how many follow-up stories ran in the press or magazines, were posted online or aired on television or radio. These include interviews.
  - Engaging an official media monitoring service. However, this can be costly, and it may simply be easier for program staff to track the stories themselves.

Experience is the best teacher. As the HC3 team conducting the journalism training on SSFFC malaria medicines found: despite thorough preparation and planning, there is always something that could have been done better. Here are some of the lessons learned in Abuja.

What Worked Well?

Lesson 1: Do a pre-training media survey!
The results of the journalism/media survey were used to measure the journalists' malaria and SSFFC knowledge in proposing or "pitching" stories at an entry level during the first STORY FACTS sessions. Without such a survey, the sessions and story proposal ideas would almost certainly have been too complex.

Lesson 2: Have technical experts on hand as often as possible.
Technical experts from the NMEP, HC3 and NAFDAC were present for the majority of training sessions. They were present to provide input and follow the learning curve of trainees closely.

Lesson 3: Integrate both technical and Journalistic components into training.
Facilitators integrated STORY FACTS and STORY IMPACT sessions into the training. As a result, trainees fully appreciated that a good story must be factually accurate and also be told in a compelling way.

Lesson 4: Whenever possible, workshops should be offered by a training team of at least two people.
It is intense work to keep a group of journalists engaged (and entertained!) over three or more days. HC3 had two journalist trainers from Internews on hand. They facilitated different strands of the training, while also being supportive of each other. This allowed the team to provide sustained energy throughout three intense days of learning.

What Could Have Been Done Better or Differently?

The training team relied on a health agency to ensure that either an individual who had had a negative experience with SSFFC malaria medicines was present, or provided such a person's contact details, to present a case study on Day 2 of the training. However, people who report SSFFC malaria medicines are kept anonymous and the information is confidential. It was therefore not possible for the health agency to identify such a person. Even the drug regulatory authority would probably not have the contact information concerning people who have called into their hotline as it is confidential.

Lesson: The training team must own this component and arrange for a case study weeks in advance, if possible. If this is not possible, substitute this person with someone who can speak to the negative consequences of using SSFFC malaria medicines, and someone who can showcase how quality medicines can make a difference. It is always good to bring people in who can speak with authority about the topic, even if they are not considered "experts," but can speak to the topic from a personal perspective. Health stories are always better if they include a human and relatable story.

Various stakeholders had input on the selection of trainees. This led to last minute changes in who would be attending, and who would be dropped. This resulted in logistical challenges for the team. Be firm about a cut-off time for changes in trainee selection. It ensures that all trainees and their editors have ample time to make arrangements for the training and have taken ownership of their participation in the event.

Lesson: Have a cut-off date for input from stakeholders and stick to it. Remember that an optimal number of trainees is in the range of eight to ten participants.

Less is always more. The program was adjusted during the course of the training to provide more time for discussion and a revision of lessons learned, as the trainees appeared to need more space and time to absorb all the new information. When the subject matter is complex, err on the side of caution and provide breathing space for learning.

Lesson: Trainees learning about and coming to terms with a new and complex technical field need time for reflection and to ask questions, as well as consolidate their learning.

Conclusion and Final Steps for Engaging with the Media

Proactively engaging with the news media, and partnering cooperatively can amplify SBCC campaign messages, and the news media can produce solution-driven stories. After initiating conversations with the media, it is important to further develop and sustain relationships with the journalists in order to get the long-term benefits of this partnership. Some suggestions for maintaining communication includes:

- Find out whether journalists have an online media presence, including social media platforms such as Facebook, Twitter or Whatsapp. Follow them online.
- If program staff have new and important information, they should call the journalists they know. Or let the news editors know that you have fresh information.
- Forward any new SBCC materials to journalist contacts.
- Stay in touch with the media/journalism associations, by also including them in the dissemination of new SBCC materials.
- **Create a Springboard group** for participants and check in periodically with updates on the project.

No matter how programs decide to stay in touch, keep in mind that good communication and collaboration with the media can rally support for their SBCC and advocacy campaigns. It can encourage cooperative behavior, and may even help save lives.

Part 5: Share Your Thoughts

As you move forward and implement, the I-Kit provides all the necessary tools to develop a comprehensive and strategic plan to combat SSFFC malaria medicines. When program managers share experiences it can provide valuable lessons for others who are implementing similar programs, as well as strengthen programs through others' feedback and comments.

One useful forum for sharing health communication knowledge, and resources is **Springboard for Health Communication**. Springboard supports and nurtures regional and global communities of health communication, scholars and policymakers and facilitates in-person, face-to-face networking events at the country or regional level, as well as online communities of practice, discussion forums and webinars. **To register, visit Springboard at https://healthcomspringboard.org/register-2-2/.**

Also, we encourage you to share your thoughts on this I-Kit, and share experience from your own campaigns to promote good quality malaria medicines by sending in the feedback form on this page.

Appendix 1: Global SSFFC Malaria Medicine Resources

ANALYSING THE QUALITY AND AUTHENTICITY OF ACT DRUGS
ACT Consortium

This project links to the results of quality medicine assessments of ACT samples in six countries: Cambodia, Ghana, Tanzania, Nigeria, Rwanda and Equatorial Guinea. This global malaria control project was completed by working closely with national health ministries.

THE GLOBAL PANDEMIC OF FALSIFIED MEDICINES: LABORATORY AND FIELD INNOVATIONS AND POLICY IMPLICATIONS
American Journal of Tropical Medicine and Hygiene

This special supplement of the American Journal of Tropical Medicine and Hygiene features 17 articles on substandard and falsified medicines, ranging from technology for identifying falsified medicines, field innovations for defining the prevalence of poor quality medicines and policy implications for combatting the burden of substandard and falsified medicines.

ANTIMALARIAL QUALITY SURVEYOR
WWARN

This online, open-access database allows users to obtain summaries of published reports of antimalarial medicine quality across regions and over time. This resource allows users to filter their studies according to medicine, report type, collection type, medicine source and quality classification. It is available in both French and English.

MEDICINES QUALITY DATABASE (MQDB)
United States Pharmacopeial Convention

This resource is a searchable online database of the USP's Medicines Quality Monitoring (MQM) activities. The MQDB allows users to generate customized reports with data on collection sites, sampling date, medicine information, types of tests performed and test results.

EDICAL PRODUCT ALERT
World Health Organization

This webpage contains an updated list of poor quality medicines that have been identified through WHO's Rapid Alert System. It also contains a link to report any suspected SSFFC to the Rapid Alert System.

MEDIA REPORTS ON MEDICINE QUALITY: FOCUSING ON USAID-ASSISTED COUNTRIES
United States Pharmacopeia, Promoting the Quality of Medicines program

This resource is a repository of publicly available information to raise awareness of substandard and falsified medicines. This resource was updated in June 2015.

ACTWATCH REPORTS & PUBLICATIONS
ACTwatch

This website contains all of the ACTwatch reports and publications, which feature findings on the availability of quality-assured antimalarial medicines in select countries. Health practitioners could use these studies when conducting formative research about antimalarial consumers and local markets.

SUBSTANDARD, SPURIOUS, FALSELY-LABELED, FALSIFIED AND COUNTERFEIT (SSFFC) MEDICAL PRODUCTS: FACT SHEET
World Health Organization

This fact sheet provides key facts about SSFFC medicine, including the scope of the global impact of the problem, as well as WHO Member State Mechanism and Surveillance and Monitoring System.

SSFFC – FREQUENTLY ASKED QUESTIONS – ADVICE TO PATIENTS AND CONSUMERS
World Health Organization

This slideshow of frequently asked questions provides guidance to medical products patients and consumers, including how to spot an SSFFC medical product, how to avoid SSFFC medical products and what to do with a suspected SSFFC medical product.

SSFFC – FREQUENTLY ASKED QUESTIONS – SCALE SCOPE AND HARM
World Health Organization

This slideshow provides answers to frequently asked questions about the size of the SSFFC medical product problem, the countries affected by the SSFFC medical products and the harm caused by SSFFC medical products.

Best Practice Resources

T3: TEST. TREAT. TRACK INITIATIVE
World Health Organization

This resource features key policy messages from WHO's recommendations on diagnostic testing, treatment and surveillance of suspected malaria cases, which promotes that "every suspected malaria case should be tested, every confirmed case should be treated with quality-assured antimalarial medicine and the disease should be tracked through a timely and accurate surveillance system." The initiative was launched on World Malaria Day 2012 and is designed around three core WHO documents: Universal Access to Malaria Diagnostic Testing: An Operational Manual (2011), Guidelines for Treatment of Malaria (2010) and Disease Surveillance for Malaria Control and Disease Surveillance for Malaria Elimination (2012).

SELECTION OF SAFE AND EFFECTIVE ANTIMALARIAL MEDICINES
World Health Organization

This webpage provides links to the two recommended guidance documents on antimalarial medicine procurement, the WHO guidelines for treatment of malaria and the WHO model list of essential medicines. It also contains more information on the WHO Prequalification Program, as well as best practices for procurement.

TOOL FOR VISUAL INSPECTION OF MEDICINES
International Council on Nurses/U.S. Pharmacopeia

This checklist is designed to help health professionals carry out visual inspection of medicines for signs of counterfeiting, and includes indicators for improper packing, labeling or description of dosage.

Advocacy Resources

BE AWARE: HELPING TO FIGHT COUNTERFEIT MEDICINES, KEEPING PATIENTS SAFER
The World Health Professionals Alliance

This toolkit is designed to educate and provide guidance about poor quality medicines to health professionals and patients. The kit includes an overview of the situation and suggestions for health professionals, a reporting form to report any suspected medicines, a visual inspection check list, an informational leaflet to share with health professionals, a patient informational leaflet and a poster that can be placed in waiting rooms.

FAKE MEDICINES AND MALARIA
Fight the Fakes

This infographic highlights some key facts about the global prevalence and impact of poor quality medicines, and also features case studies and recommendations for relevant stakeholders.

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HELP PUT CRIMINALS WHO STEAL NIGERIA'S MALARIA MEDICINES WHERE THEY BELONG!

When you suspect anyone selling stolen or fake malaria medicines:

Call Make a Difference (MAD) Hotline

0809 993 7319

Or email madmalariahotline@usaid.gov

You stand a chance to receive a cash reward

Rewards pertain to US Government anti-malarial commodities only

ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

REMEMBER: If a product states "Not for Sale" and it is being sold, then it was stolen.
Illegitimate batch numbers, expiration and manufacturing dates shows that the medicine is fake.

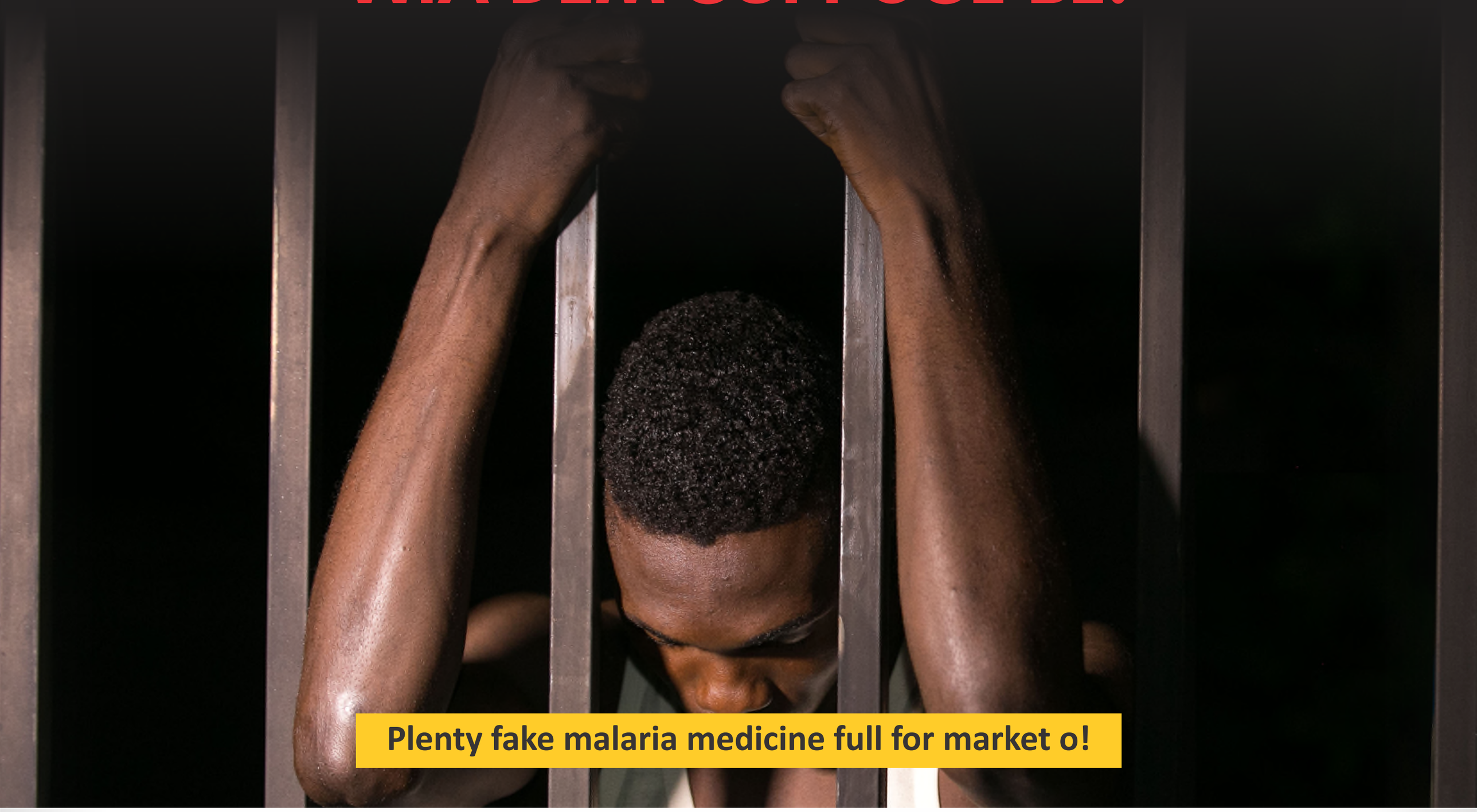
This is a United States Agency for International Development, Office of Inspector General

Make A Difference Malaria Campaign

NMEP

FEDERAL MINISTRY OF HEALTH

HELP PUT DE PEOPLE WEY DEY THIEF NIGERIA MALARIA MEDICINE WIA DEM SUPPOSE BE!



If you think say person dey sell malaria medicines wey dem thief or wey be fake,

call Make a Difference (MAD) Number

0809 993 7319

Or email madmalariahotline@usaid.gov

You fit win money

Dem go give you the money if de medicine wey you report na American Government medicine

WE GO HIDE YOUR NAME AS YOU DEY REPORT THE THIEF

REMEMBER SAY: Dem go answer your call for better English and say any medicine wey get "Not for sale" for market, na thief dem thief am. If you see expiry date or manufacture date wey no correct, na fake medicine be dat.

Dis na United States Agency for International Development, Office of Inspector General

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FEDERAL MINISTRY OF HEALTH

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Make A Difference Malaria Campaign

NMEP

FEDERAL MINISTRY OF HEALTH

Tenganipo Mbali. Pulumutsani Moyo.

Ululani za umbava wa mankhwala a malungo ndi zipangizo za chipatala

Imbani Mwaulele ku

847 (TNM/Airtel/Access), 8000847 (MTL)

Email: madmalariahotline@usaid.gov

Mudzalandira Chionamaso

Dziwani zambiri pa www.tip-offs.com

MALARIA – MAKE A DIFFERENCE CAMPAIGN

Moyo ndi mpamba Usamalireni

USAID FROM THE AMERICAN PEOPLE

CDC Centers for Disease Control and Prevention

President's Malaria Initiative

Office of Inspector General U.S. Agency for International Development

Before you buy Malaria Medicine

Confirm you have malaria through a blood test.

Buy only quality ACTs

Check the manufactured and expiry date

Check for a NAFDAC Number

Check and use the scratch pad.

Buy medicine only from qualified health provider or licensed medicine seller.

CDC USAID President's Malaria Initiative

HEALTH COMMUNICATION CAPACITY COLLABORATIVE

This handout is made possible by the generous support of the American people through the United States Agency for International Development (USAID)

Scratch and Text to Ensure Your Medicine is Genuine

Step 1:
Scratch the pad to reveal the number underneath.

Step 2:
Text the number to 38353 or the phone number provided on the package. (TEXT the number ONLY ONCE. Text message is free)

Step 3:
Wait for the SMS response.

Step 4:
If the SMS response says the medicine is good, you can be assured it is of good quality. If the SMS response advises otherwise, follow the instructions in the text message.

Depending on the product, the number you find below the scratch pad may be different.
You could find any of the following numbers:

38351 38353 38120

20996 1393

IF YOU HAVE ANY QUESTIONS, CALL: 0142521212 OR TEXT 08133630403, 08058741047

CDC USAID President's Malaria Initiative

HEALTH COMMUNICATION CAPACITY COLLABORATIVE

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Save lives and make a difference

Report theft of malaria medicines and commodities

Call for Free: 847 (TNM/AIRTEL/ACCESS) OR 80000847 (MTL)
OR email: madmalariahotline@usaid.gov

There's a reward for usable information.
For more information visit:www.tip-offs.com

MALARIA – MAKE A DIFFERENCE CAMPAIGN

Moyo ndi mpamba
Usamalireni

USAID
FROM THE AMERICAN PEOPLE

CDC
Centers for Disease Control and Prevention

President's Malaria Initiative

Office of Inspector General
U.S. Agency for International Development

Tenganipo Mbali. Pulumutsani Moyo.

Ululani za umbava wa mankhwala a malungo ndi zipangizo za chipatala

Moyo ndi mpamba Usamalireni

Imbani Mwaulere 847 (TNM/Airtel/Access), 80000847 (MTL)

Email: madmalariahotline@usaid.gov

Mudzalandira Chionamaso. Dziwani zambiri pa www.tip-offs.com

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MALARIA – MAKE A DIFFERENCE CAMPAIGN

USAID CDC President's Malaria Initiative

I dey sell only confam malaria medicines (ACTs).

"All my ACTs get :

- NAFDAC registration number.
- Manufactured and expiry date.
- Scratch pad to help you confam.

I no dey play with my business"

CDC USAID

President's Malaria Initiative

HEALTH COMMUNICATION CAPACITY COLLABORATIVE

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A l'écoute de vos préoccupations SUR LE

APPEL GRATUIT

Renseignements

7344

(MTN, MOOV et BBCOM)

Du Lundi au Samedi de 9H00 à 21H00

LA LIGNE VERTE

C'EST L'INFORMATION CRÉDIBLE ET FIABLE DANS LES DOMAINES :

- DES IST/VIH/sida,
- DE LA PLANIFICATION FAMILIALE,
- DU PALUDISME,
- DES MALADIES DIARRHÉIQUES,
- DES FISTULES OBSTETRICALES,
- DE LA VACCINATION,
- DES VIOLENCES FAITES AUX FEMMES AUX FILLES ET AUX "VIDOMINGON"

Lundi au Vendredi de 09h00 à 21h00
et le Samedi de 09h00 à 17h00 à partir de
MTN, MOOV et BBCOM.

LA CONSOMMATION DES FAUX ANTIPALUDEENS (FAUSSES CTA) ACHETES SUR LES ETALAGES ET AUPRES DES VENDEURS AMBULANTS TUE.

Pour avoir vos CTA de qualité,

rendez-vous uniquement dans :

- les pharmacies
- les centres de santé publics
- les hôpitaux
- les cliniques privées agréées
- ou auprès des relais communautaires formés.

APPEL GRATUIT

Renseignements **7344**

(MTN, MOOV et BBCOM)

Du lundi au Samedi de 8H00 à 21H00