

# Integrating Zinc into Diarrhea Management e-Conference June 1–2, 2011



## **Online Chat June 2: “Behavior Change Communication for Zinc” with Gael O’Sullivan**

**(1) Assistant Moderator:** Welcome everyone to today’s SHOPS Integrating Zinc into Diarrhea Management e-Conference Live Chat with Gael O’Sullivan on Behavior Change Communication for Zinc. The chat is text-based, so there is no audio. The chat is moderated, which means that once you post a question, it will go into a queue. It may take several minutes for your question to be posted to the main chat window, so don’t worry if you don’t see it immediately.

**(2) Vicki MacDonald:** Hello zinc conference participants. We had a very lively discussion yesterday and are looking forward to a similarly stimulating discussion focused around BCC today. Welcome all!

**(3) Zou TRAORE:** Does Mali already have Zinc integration program?

**(4) Julie Abella:** Great presentations. Thanks for sharing your experiences. I have a question about message retention. Has there been any follow up after the zinc campaign to see if the message was retained by the public?

**(5) Vicki MacDonald:** (3) As far as I know, Mali has had zinc pilots for several years, facilitated by both Johns Hopkins and Save the Children. These have focused on distribution at the community level. While the Ministry probably has zinc supplies, I do not believe they have a robust public sector program with trained health workers or any type of consumer awareness.

**(6) Christian Winger:** I wonder if Christa Fischer-Walker at JHU would have the information requested on Mali.

**(7) Susan Mitchell:** The SUZY program in Bangladesh did several post evaluations although I don’t know if they focused on message recall. We can look at Charles Larson’s presentation on his research that was on yesterday’s panel as that would be where that information would likely be.

**(8) Julie Abella:** How were the promotional materials developed? Were the posters tested with focus group discussions?

**(9) Vicki MacDonald:** (4) In our Nepal (POUZN) research we asked respondents to tell us the

messages they had heard, and there was pretty good message retention. 98% of those exposed knew that zinc and ORS were appropriate treatments and 86% of those exposed knew that zinc should be used for 10 days.

**(10) Malia Boggs:** Zou, you might want to contact Peter Winch at Johns Hopkins for more information on the pilots in Mali.

**(11) Susan Mitchell:** In response to post 8 -- Hi Julie, we test all materials with focus groups. All the materials have been posted in the resource center on this site.

**(12) Alison Bishop:** (6) Christa is not on today's chat, she supplied numerous helpful resources that have been uploaded to the resource center, including a listing of zinc programs.

**(13) Vicki MacDonald:** (8) We have pretested all of our materials through focus groups. These were also developed using FGD --helping our communication teams in country to design appropriate messages.

**(14) Susan Mitchell:** Charles, just noticed you're on, any response to question 4 on message recall from Bangladesh?

**(15) Charles Larson:** Charles Larson: Hello all. Just to let you know I have joined.

**(16) Christian Winger:** What BCC techniques and messages can counteract the ongoing prescription of antibiotics, antidiarrheals and probiotics for diarrhea treatment? This has been an on-going issue in promoting ORS and zinc and one that I'm not sure has been solved. What are the thoughts of this group?

**(17) Malia Boggs:** Julie to add to what Vicki's already mentioned, all of the POUZN/Abt programs conducted formative research on knowledge and practices. The results were used to inform the development of materials.

**(18) Charles Larson:** Regarding follow up documentation, yes we completed a survey last summer and found awareness of zinc treatment continued to rise, especially in rural populations - now up to 80%. Actual use has remained unchanged.

**(19) Susan Mitchell:** Christian, agree this is one of the big challenges. While we've been seeing increases in zinc use we've found that many also buy these products at the same time. I don't think we know whether it's the provider pushing these products or consumers asking for them. It's something I think we need more research on to better understand the issue so that we can respond effectively...

**(20) Vicki MacDonald:** (16) This is indeed one of THE major challenges in zinc promotion programs. We are in the process of conducting in-depth research in both Benin and Uganda to try to get a better handle on provider's thinking about zinc to better develop targeted messaging. It will probably take not only focused sensitization sessions but also better detailing and other messaging. Still a work in progress.

**(21) Assistant Moderator:** Please refer to the top right for the "Toolkit for the collection of survey data on the correct use of Pediatric Zinc as a Treatment."

**(22) Vicki MacDonald:** Hi Ando. Glad you could join us from Kenya!

**(23) Julie Abella:** It would be interesting to do research into provider training on treating diarrhea. Creating partnerships with medical/nursing schools to make revisions to their training manuals could work.

**(24) ANDO RAOBELISON:** Hi Vicki and all, glad to attend the e-conference as well!

**(25) Susan Mitchell:** Hi everyone, from our research we have found that mass media has been highly effective at increasing awareness and use of zinc. Have others found the same?

**(26) Christian Winger:** Susan and Vicki, I agree with both of your points. Zinc is a relatively new product (not family planning, for example) and still requires research. We had anecdotal evidence during POUZN that clients expected antibiotics for diarrhea, so doctors prescribed it. We also had evidence of pharmacists offering zinc (Tz) but only after offering other products. This is one of the challenges of a new product is understanding the consumers and providers reasons either prescribing/not prescribing zinc and for prescribing other products.

**(27) Charles Larson:** Mass media campaigns are very effective in raising awareness. To move to actual practice, we need to come up with more effective messages and match these with provider validation (one-on-one communication).

**(28) Vicki MacDonald:** In response to your question Julie about training, we have not worked very much yet working with ministries to revise pre-service training. Zinc has been included in some of the pre-service curriculum but it is not uniform. We have not assured that this is taking place in every curriculum--which is the next step to be taken in our programs. Also, many caregivers go to chemists and zinc has not been included for diarrhea in those curricula.

**(29) Susan Mitchell:** Any lessons from introducing other products that might be helpful with the respect to zinc?

**(30) Anya Guyer:** Apologies if this is included in the presentations - I haven't been through all of them yet. But I'm wondering whether anyone has found whether messaging about HOW zn works influences uptake/use among caregivers or whether it's enough to just strategically inform people that it works and therefore to use it...

**(31) Susan Mitchell:** None of our messages to caregivers included how zinc worked. We tried to keep the messages simple -- take with ORS and take for the full 10 days. We also highlighted that it shortens the duration of diarrhea and reduces risk of future bouts. Beyond that we tried to keep the messages fun and catchy.

**(32) Vicki MacDonald:** (30) In terms of the materials provided to providers, we put together a package of clinical information for our training programs for doctors and pediatricians. I know that POUZN AED put together a very extensive package of information including a CD for leading pediatricians who could/would be seen as opinion leaders.

**(33) Christian Winger:** Agreed that mass media is effective at raising awareness, but I want to re-emphasize Charles' point that providers need to be on board with zinc too. They are viewed by clients as sources of information on diarrhea treatment. Effort must be placed in informing them about zinc treatment. IEC needs to occur for both clients and health professionals.

**(34) Julie Abella:** aside from TV PSAs and posters, has radio been used in spreading the message?

**(35) Susan Mitchell:** Julia, in all our programs we used mass media radio (and television) in most cases. Vicki can you comment on which channels we found most effective in the end.

**(36) Charles Larson:** As part of the formative research plan in a national scale up, it will be important to ask caregivers and providers what messages or information will be most convincing. In Bangladesh, providers did want to know how zinc works (not that we necessarily have the answer), while caregivers were most influenced by three words, "cure", "strength" and "prevention".

**(37) Alison Bishop:** Adding to Susan's post (35), we have used both national level radio as well as community level radio stations in local languages.

**(38) Charles Larson:** In Bangladesh radio and TV were the most effective means of reaching our target populations - urban poor and rural households.

**(39) GAEL O'SULLIVAN\*:** I am finally able to join the chat - I would like to toss out a couple of questions for those of you who have designed BCC campaigns. For example, why don't caregivers tend to seek advice on diarrhea management outside the home, what are the barriers related to getting caregivers to follow the 10 day regimen, and what are the preventative behaviors we want to promote?

**(40) Christian Winger:** AED/POUZN did put together resources for health professionals that included studies on zincs impact on diarrhea and too a much lesser extent theories on how it works, but I agree with both Charles, Vicki and Susan. Messages to consumers need to shorter and emphasize the importance of zinc treatment (and ORS!!!) for diarrhea treatment.

**(41) Anna Stratis:** Hi everyone, I'm joining from Patna, India, on a slow internet connection, so hope I can continue on. I'm Anna Stratis, with World Health Partners - just starting implementation of a project with BMGF in Bihar. Engaging private providers in rural Bihar to improve health service in 4 infectious disease areas, including diarrhea management. We'll be socially marketing a combined ORS Zinc diarrhea treatment kit, and we have a lot to learn. A question re: promotion through private providers/chemists: Aside from community IEC as well as provider engagement, positioning of the diarrhea treatment kit as an attractive product for private providers will be critical. Can I ask for advice on what has been found to be the most important thing to retail outlets, in encouraging them to promote Zinc- is it (1) profit margin (2) novelty of the product (3) effectiveness of the product (4) other?

**(42) Christian Winger:** In Indonesia, AED/POUZN used both TV and radio. In Tanzania, we used only radio because of limited resources.

**(43) Assistant Moderator:** When posting, please reference the number of the message by adding "re" and then the message number so that those just joining the conversation can follow.

**(44) Vicki MacDonald:** (34) We used radio advertising in all of our programs. TV seemed to have better reach and better results, but looking at the data from Nepal, 26% of respondents recalled at least one zinc-related message and 45% recalled a message heard on TV. We do think that radio is very important for rural caregivers--particularly local radio broadcasts with opportunities for people to call in and ask questions (interactive radio) have proven to be effective. In Benin, we had very interesting results--even though we had no TV ads and only a couple of "generic" programs talking about zinc, more respondents mentioned TV than radio (and we had 14 rural radio partners!) So, although TV seems to have greater impact, there is definitely an important role for radio.

**(45) Susan Mitchell:** Great question Anna and it's the one thing we DON'T know and it's something we'll be doing some research on shortly although in Africa and not in India. Will make sure to share what we find.

**(46) Christian Winger:** Re 41) Anna, How quickly a product moves is important to the private sector and profit margin is also important. I would emphasize you can give a huge profit margin, but if the product doesn't move the vendors will not like the product.

**(47) GAEL O'SULLIVAN\*:** (41) Anna - good question. In general when promoting socially marketed products, retailers are definitely motivated by profit but also tend to be more invested if they have gone through some type of training/educational program so that they understand the

reasons why the product is beneficial to consumers. In the case of zinc I understand there is a resistance factor with traditional preference to prescribe antibiotics, so that is an additional consideration.

**(48) Malia Boggs:** (41) Anna, Vicki and I were just in Kenya where we visited a few chemists/pharmacies and asked them why they decided to start selling zinc for diarrhea treatment. The pharmacy technicians we spoke with in two towns cited demand from patients as well as demand from health workers/doctors who were prescribing zinc.

**(49) Susan Mitchell:** In response to post 39: In terms of preventative behaviors we included hand washing and water treatment.

**(50) Anna Stratis:** Yes, it will require work at the start to determine the fine balance between a reasonable price for rural families, per kit, with a margin that would motivate the provider, to maximize push/pull. But our first priority will be to make the price affordable to as wide a range of rural families as possible, so perhaps the novelty/design of the product, and sufficient detailing of the product with retailers, may buy us more leverage where we may lack in a large margin? Many Indian pharmaceuticals are priced with massive (~200%) margins, including the very antibiotics/antidiarrheals that we're "competing" with.

**(51) Charles Larson:** re 41, Under the SUZY project we did interview rural and urban drug vendors about one year following the launch of the scale-up campaign. Barriers included lack of knowledge and inability of the caregiver to pay. I am sure profit come into play, but we also found the majority of drug vendors do need to be convinced zinc works. There is a great deal of pressure on them to provide a "cure".

**(52) Anna Stratis:** Yes, it will require work at the start to determine the fine balance between a reasonable price for rural families, per kit, with a margin that would motivate the provider, to maximize push/pull. But our first priority will be to make the price affordable to as wide a range of rural families as possible, so perhaps the novelty/design of the product, and sufficient detailing of the product with retailers, may buy us more leverage where we may lack in a large margin? Many Indian pharmaceuticals are priced with massive (~200%) margins, including the very antibiotics/antidiarrheals that we're "competing" with.

**(53) Christian Winger:** 41- Also, I would encourage you to research the need for a diarrhea control kit, which it sounds like you have already done. Will doctors recommend it? What do caregivers do for diarrhea now? Do they give locally available fluids? Is ORS available in stores now? Will the price of the kit discourage use? Does the kit fit the local context and meet a need? I'm certainly not against kits, but I think they may not be a universal solution.

**(54) Julie Abella:** (44) Thanks, Vicki. I really like the idea interactive radio for spreading messages, I know it has worked in Nepal on other topics. I'm curious as to how effective it is in other countries. And how involved the local providers are in the radio broadcast (answering and fielding questions).

**(55) Vicki MacDonald:** Re 39): Gael: I can address the care seeking behavior. Many mothers, particularly those with limited resources, prefer to try to address the symptoms at home (usually with herbal treatments or homemade rehydration fluids) rather than to seek care outside the home. This is home treatment versus no treatment. The issue is that many wait too long as the case becomes worse and then they are too late to provide the needed care.

**(56) Anna Stratis:** Yes, it will require work at the start to determine the fine balance between a reasonable price for rural families, per kit, with a margin that would motivate the provider, to maximize push/pull. But our first priority will be to make the price affordable to as wide a range of rural families as possible, so perhaps the novelty/design of the product, and sufficient detailing of the product with retailers, may buy us more leverage where we may lack in a large margin? Many

Indian pharmaceuticals are priced with massive (~200%) margins, including the very antibiotics/antidiarrheals that we're "competing" with.

**(57) GAEL O'SULLIVAN\*:** (44) and (54) In terms of media choices, in general mass media is very effective in quickly raising awareness. However, to impact large scale behavior change often other messages and interventions are required.

**(58) Vicki MacDonald:** RE54: Julie, in Benin we actually trained the 14 local radio partners so they would know the background information to provide during the interactive session. We did this for both water treatment (prevention) and zinc (treatment). In Kenya, the PATH project has had excellent results using interactive radio to convey child health messages. In other instances we placed an expert at the station to field questions.

**(59) Charles Larson:** re home management. I believe this is the ultimate goal. We want to reach the point where caregivers make the decision to manage their child's diarrhea with ORS and zinc independently, i.e. move from trial (typically provider influenced) to adoption (self-efficacy).

**(60) Assistant Moderator:** Just as a reminder, the current time is about 9:45 am EST and the chat is schedule to end in 15 minutes.

**(61) Christian Winger:** 54 - Julia, We used radio call-in shows in Tanzania and they generated lively discussions. However, the evidence of their impact was anecdotal, as our follow up KAPB did not ask about the call-in shows. We used trained medical personnel on the programs, so the messages were consistent. They did a great job.

**(62) Vicki MacDonald:** RE 57: I agree with Gael. Mass media is important for increasing awareness. Then we need interpersonal reinforcement--community opinion leaders, sensitization sessions, providers, pharmacists reinforcing the behaviors.

**(63) GAEL O'SULLIVAN\*:** (55) Great point Vicki - so then I wonder what works best to address the issue of home treatment/delay in care-seeking behavior?

**(64) GAEL O'SULLIVAN\*:** (59) Charles - yes, but how do you promote quick assessment/treatment at home?

**(65) Assistant Moderator:** Hi Anna, Please see the top right for a PPT on "Leveraging Base of the Pyramid Entrepreneurs for ORS in India." We hope that you find this resource helpful.

**(66) Susan Mitchell:** Charles in response to post 51 it's great to know there is already some research on what are some of the motivations and barriers to drug vendors recommending zinc. Is that data available somewhere or could you post it in the resource center?

**(67) Christian Winger:** One point I would like to emphasize is the importance of all messages including ORS. I know both Abt and AED in their POUZN projects promoted both ORS (first) and zinc in all of our messages. It is important that we do not promote only zinc treatment when ORS saves lives from dehydration from diarrhea. This may be an obvious point, but I did want to make it for anyone new to this field.

**(68) Vicki MacDonald:** RE 63;That is a great question, Gael--and one that we are doing more research on currently. There are a lot of other issues involved in delay of care--trust in local providers to have appropriate treatment, self-efficacy (as Charles mentioned) or self confidence in their ability to treat without "expert" opinion.

**(69) Assistant Moderator:** We encourage everyone to submit helpful tools, papers, or links to share with the rest of the e-Conference participants. Feel free to submit either in this chat or through e-mail post-chat by e-mailing helen\_li@abtassoc.com. Resources referenced in this chat

are available in the e-Conference resource center as well.

**(70) Vicki MacDonald:** RE 67: Excellent point Christian. As a result, we saw very good compliance in the use of ORS along with zinc. This was a major fear in the beginning--that mothers would substitute zinc for the life-saving ORS, but with good messaging, that has not happened in any zinc program where we have research data.

**(71) Susan Mitchell:** Post 67 -- agree with you Christian -- in fact in Nepal our posters originally showed first zinc and then ORS and we intentionally reversed the images to show ORS first and then zinc because of this concern. In addition all our mass media messages first focused on the ORS before zinc. This is especially important when the products are not being sold together or co-packaged as the consumer will need to specifically ask for both the zinc and ORS. The good news is that our research found that those messages were effective and most consumers used both.

**(72) Christian Winger:** RE 70 We saw no drop off in ORS use in any of our countries either during the AED/POUZN project.

**(73) Charles Larson:** re 64, Gael asks a very compelling question, the answer to which will vary by social/cultural determinants. We are currently attempting to associate zinc ORS home management with being a competent and peer praised parent in their community.

**(74) Alison Bishop:** Can anyone talk about their experiences in the use of IPC through community-based organizations and village health workers for the promotion of zinc treatment?

**(75) Charles Larson:** Re ORS, the evidence overwhelmingly indicates zinc promotion, if linked with ORS, has not detrimental effect.

**(76) GAEL O'SULLIVAN\*:** (71) This is great given how complicated the messaging is for these 2 products - what were the key messages in Nepal that resonated with the audience?

**(77) Vicki MacDonald:** RE 74: Alison, I can answer for Abt/POUZN programs in Benin and Madagascar. In both of these programs we engaged community health workers to sensitize community members. I encourage you to listen to Njara Rakotonirina's case study on Benin which includes compelling data on the impact of community resources on use in rural communities. I would really like to hear about some experiences from our NGO participants in the conference who are implementing zinc pilots on their experiences promoting zinc through CHWs.

**(78) Vicki MacDonald:** RE 76. The most compelling messages in Nepal were: zinc ORS is the most effective solution and zinc reduces the risk of future bouts of diarrhea.

**(79) GAEL O'SULLIVAN\*:** (73) Good point to look at the "benefits" to the caregiver, e.g. being viewed as a competent and well-regarded parent among peers in the community. What incentives/rewards have worked well in the field?

**(80) Assistant Moderator:** Well, it is now 10:00 AM EST. Many thanks to our panelists for doing today's chat, and to everyone for logging on to participate!

The transcript will be available tomorrow for you to view. Check out upcoming announcements for details.

**(81) Vicki MacDonald:** Another stimulating session and lots of good questions. Thanks to everyone for participating. Vicki MacDonald, Zinc Coordinator, SHOPS project.

**(82) Susan Mitchell:** Thanks for great live chat. If you want to continue the conversation please

post questions or comments in the SHOPS cafe or on the discussion boards below each presentation. While the conference officially ends tonight the site will remain up.