

The Foundation for
Medical Research, Mumbai

RATIONAL USE OF ANTIBIOTICS

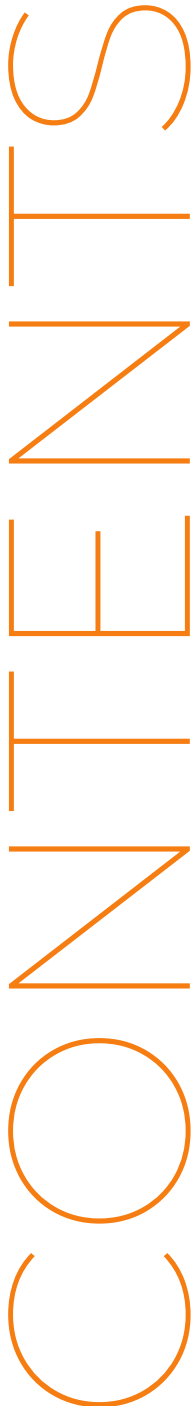
Behavioral Change
Communication Strategy

2023 - 2027



Strategy developed and documented by:

...VIVA
STRATEGIC
COMMUNICATION



01.

Context

02.

Findings from application of the Strategic Communication Framework

- Purpose Mapping
- Understanding your audience
- Messaging

03.

Behavior Change Communication Strategy and Framework

- Audience
- Purpose
- Key Message
- Media
- Channel
- Key Tenets of the BCC Strategy

04.

Evaluation of BCC Strategy

- Communication goal
- 5-point test
- What stage of change are we at?

CONTEXT

PROJECT NAME

Wastewater-based Surveillance for Antimicrobial Resistance (AMR) for Early Warning and Engendering Stakeholder Response Through Artificial Intelligence (AI)

FUNDER's NAME

International Development Research Centre (IDRC), Canada

Duration: 2023-2027



Geographical Focus:

Vulnerable settings in Mumbai including Dharavi, Bandra, Govandi, and Worli



Target Audience

The project will engage with various stakeholders:

- **Policy and Regulatory Bodies:** Project data will be shared with the Indian Council of Medical Research (ICMR) and the Municipal Corporation of Greater Mumbai (MCGM) to facilitate early warnings, response strategies, risk mitigation, and potential actions.
- **Local Medical and Pharmaceutical Groups:** Engagement will involve group discussions on national prescription norms, AMR awareness, early warning signs, risk mitigation, and awareness initiatives using PowerPoint presentations.
- **Community Members:** Workshops and community meetings, conducted in the local language and incorporating cultural references, will focus on infection prevention, AMR risks, early warning signs, mitigation strategies, and healthcare-seeking practices.

Key Communication/Behavior Change Goals or Objectives:

The primary objectives include increasing generic awareness of AMR within local communities, particularly among private and public physicians. The goal is to foster a connection with local and national regulatory bodies to drive behavioral and systemic changes

Specific Requirements

The project will require the use of information, educational, and communication materials to effectively mobilize knowledge among community members and among other stakeholders- medical professionals, pharmacists etc.

WHAT IS OUR PURPOSE?



01

Awareness on ATB

- What is AMR?
- Negative effects of ATB use
- Early warning signs of AMR

02

Rational use of ATB

- Policy change
- Change in prescription practices
- Curtailing access to ATB
- Change in procurement practice at local government

03

Alignment of audiences to achieve 1 and 2

- ICMR, MCGM, providers and communities must all function cohesively to achieve 1 and 2

UNDERSTANDING AUDIENCE

The four target stakeholders can be clubbed under three audience categories - Group 1 (G1), Group 2 (G2) and Group 3 (G3)

G1

Policy and Regulatory Bodies

ICMR

Indian Council for Medical Research

the apex body in India for the formulation, coordination and promotion of biomedical research

MCGM

Municipal Corporation of Greater Mumbai

the governing civic body of Mumbai, responsible for the providing of basic services and amenities to its citizens



G2 Medical and Pharma Groups

The local pharmacists and doctors in public and private settings - community, who serve as our 'gateway' into the community



G3 Community

Located in the vulnerable settings of Mumbai; has access to limited education



MESSAGING

What is the change your message should bring about?

	Audience	Category	Communication Goal
G1	ICMR and MGMR	Policy and Regulatory bodies	<ul style="list-style-type: none"> • Policy change for rational antibiotic use • Decisions on antibiotic use and procurement to be guided by the AMR surveillance and results
G2	Providers	Medical and Pharma groups	<ul style="list-style-type: none"> • Increase Knowledge and Awareness on ATB use and AMR • Change Attitude for greater ownership towards rational use of ATB • Promote rational use of ATB
G3	Patients	Community	<ul style="list-style-type: none"> • Understand negative effects of ATB use • Knowledge on 'What is AMR?' • Adopt rational use of ATB • Infection prevention practices



COMMUNICATION FRAMEWORK

REGULATORY BODIES

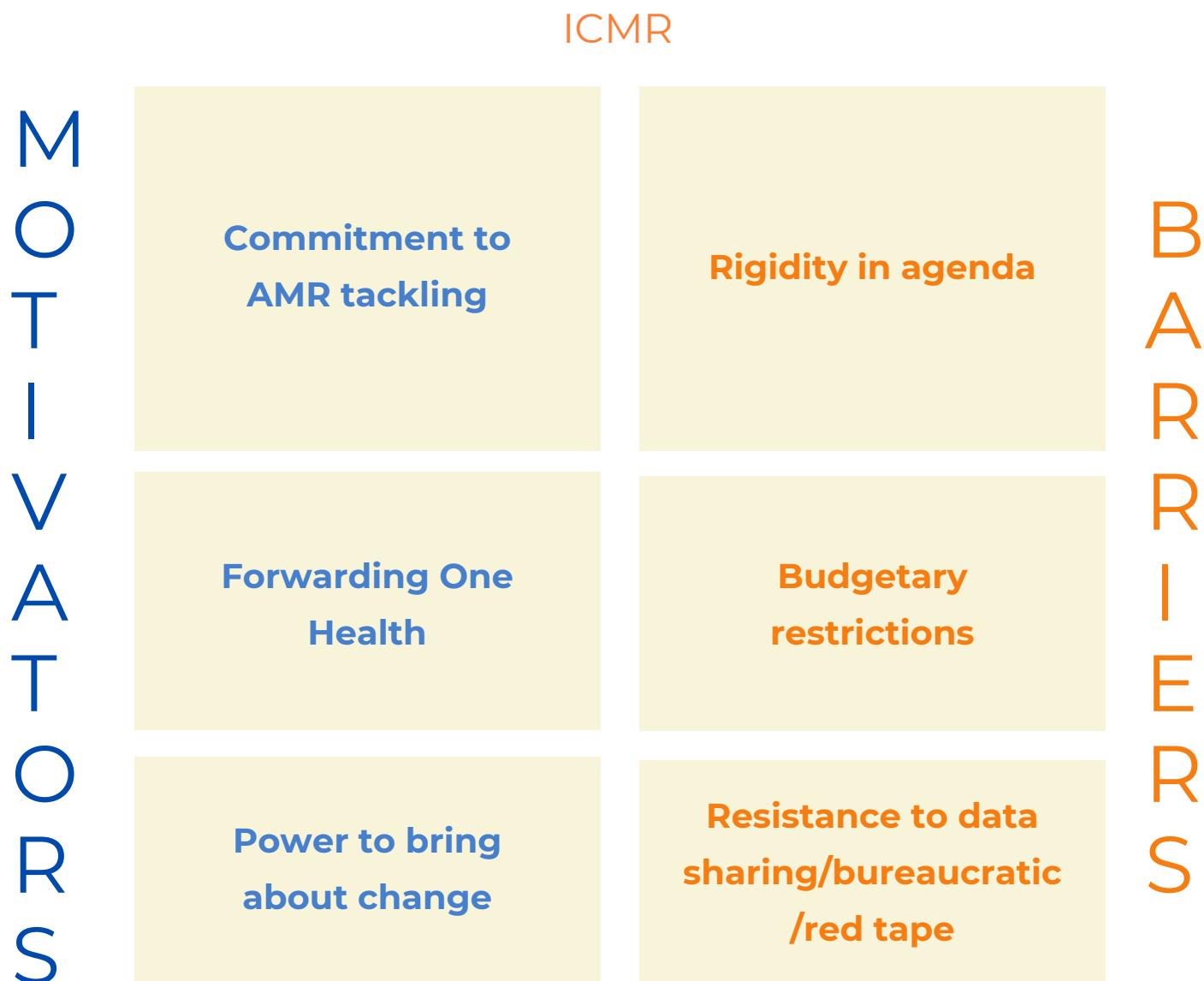


G1 - POLICY AND REGULATORY BODIES

Purpose

ICMR: Policy changes on rational antibiotic use

MCGM: Decisions on antibiotic use guided by the AMR surveillance

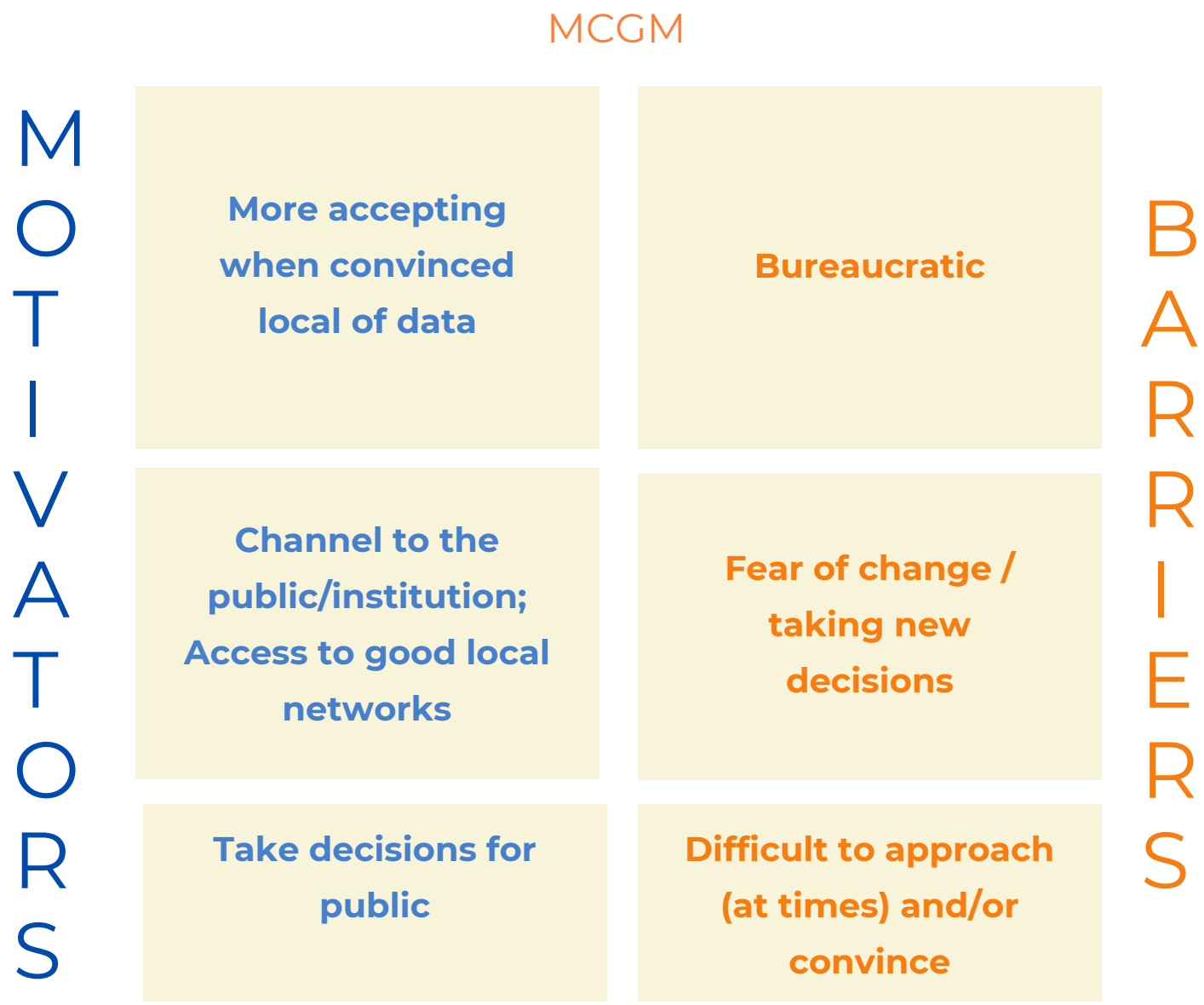


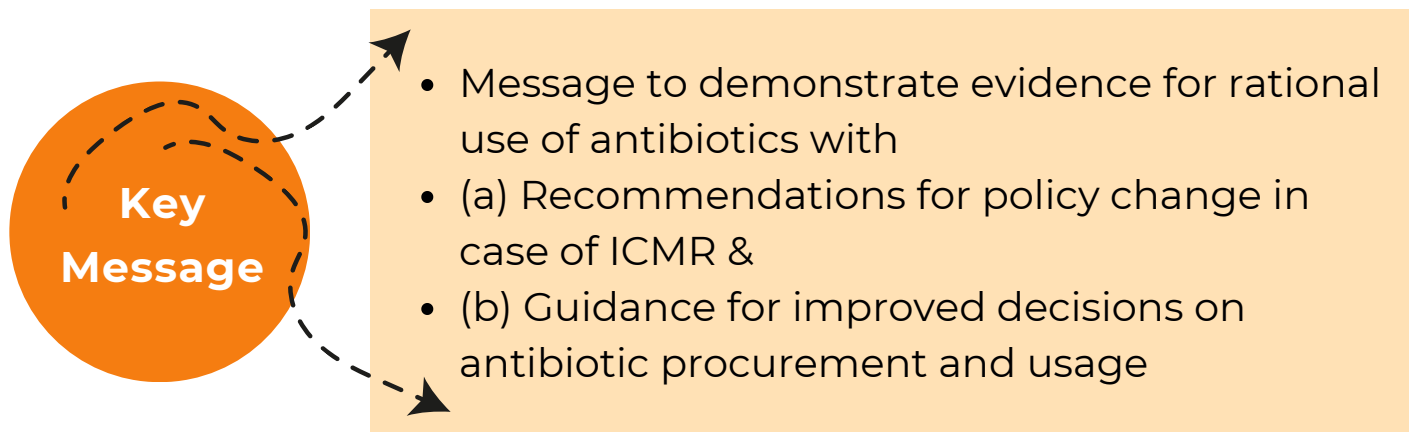
G1 - POLICY AND REGULATORY BODIES

Purpose

ICMR: Policy changes on rational antibiotic use

MCGM: Decisions on antibiotic use guided by the AMR surveillance





Media and Channel



Presentations, reports, Publications - these have to be re-imagined to garner attention of the audience

WhatsApp friendly IEC digital posters have to be developed that can be used to build interest in the audience and engage with them



Round tables and consultations + FMR Website are platforms through which the reports and presentations can be accessed and circulated among the audience

WhatsApp can be used at the initial stage to interact with audiences and engage using innovative digital IEC



Key Tenets of the BCC Strategy

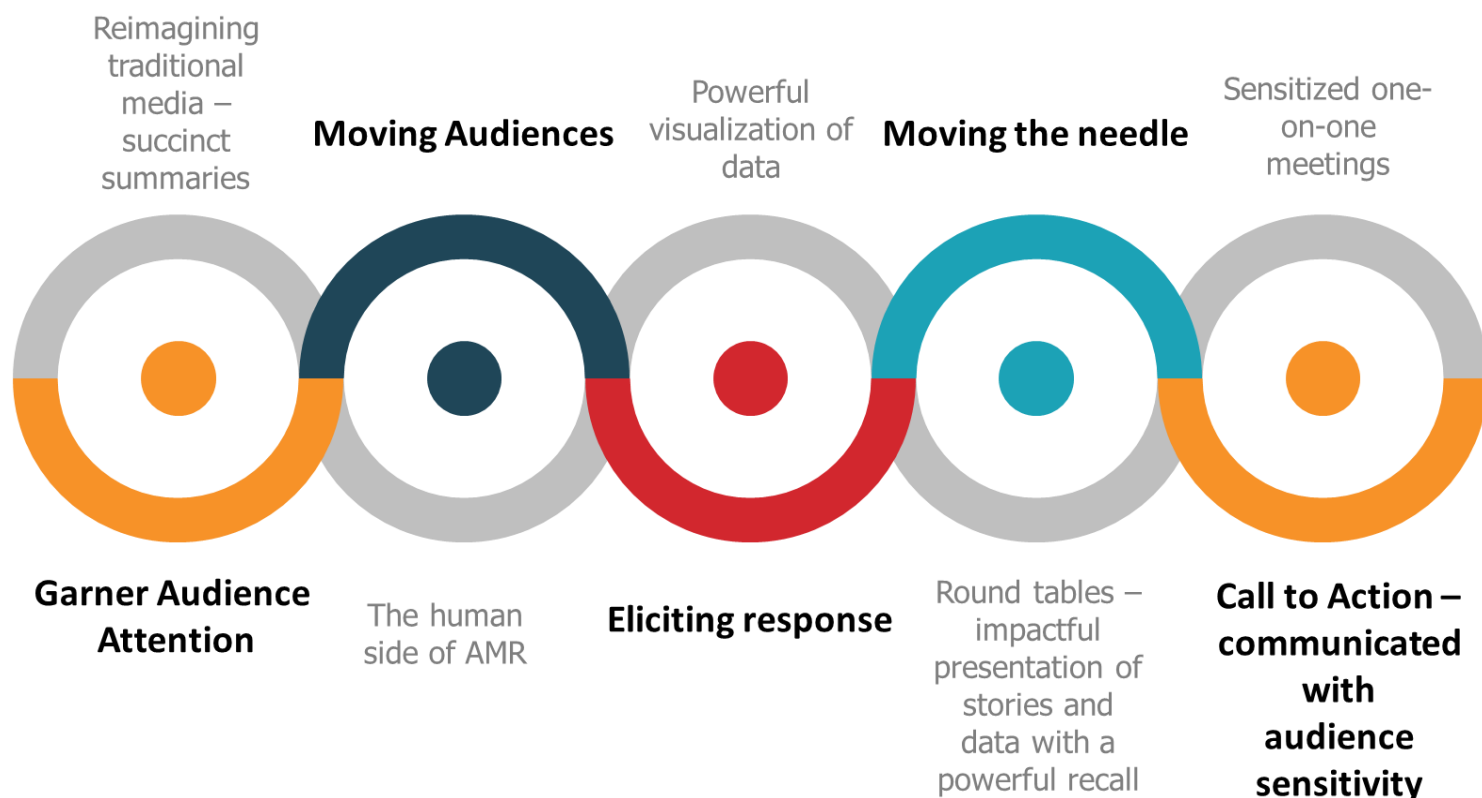
Garnering audience attention: It is recommended to **Reimagining traditional media with succinct summaries**. We continue to use reports and presentations given the nature of the audience and their comfort with the media. However, we reimagine the media with **succinct visual summaries** of the presentation and the report that can garner immediate audience attention. Every media must first begin with a human-interest story from different backgrounds that have been affected by AMR. These stories can be followed by high level hard evidence on AMR surveillance with focused recommendations on rational use. At this stage, we must avoid any call to action, unless enquired by the audience.

Moving audiences: Given ICMR's commitment to tackling AMR and the power to bring about policy change, they are a very important audience in order to bring about a systemic change in the rational use of antibiotics. MCGM on the other hand are an important stakeholder to help demonstrate the AMR surveillance project and build an evidence-based case for judicial use of AMR. They are easily convinced by local data. The barriers for both audiences can be tackled with the powerful demonstration of evidence along with plugging in storytelling by **showing the human side of AMR**.

Visualisation of the stories: And data for the website and reports from a design perspective will go a long way in ensuring that the evidence has widespread consumption and response from stakeholders at ICMR and MCGM.

Round tables: While these reports maybe published on the FMR website, shared with the audience on email and so on, it is recommended to have timely round tables with appropriate audience in the room for powerful demonstration of the human-interest stories and hard evidence with recommendations. Creating an impact at the round table will have a better effect in moving the needle towards policy change.

Call to action: While the call to action for ICMR will focus on recommendations for policy change, the call to action for MCGM will focus on procurement decisions and rational use. We are dealing with audiences with significant barriers, hence the nature of messaging and the delivery channel of the same must be sensitised to the audience. It is suggested to have one-on-one meetings using a 'sensitised approach' for the audience to own and adopt the 'action' intended for them.





A stylized illustration of a female pharmacist with dark curly hair and red-rimmed glasses, wearing a white lab coat over a blue shirt. She is smiling and holding a large cardboard box filled with various medications, including pill bottles, blister packs, and boxes. The background is a solid light yellow.

G2 - MEDICAL AND PHARMA GROUPS

Purpose

Knowledge and Awareness: Increase Knowledge and Awareness on ATB use and AMR, promotion of infection prevention strategies

Attitude: Change Attitude for greater ownership towards rational use of ATB

Action: Promote rational use of AMR

PUBLIC AND PRIVATE PROVIDERS

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I go as per my
patients demands,
they are important
for me

Patients trust me so
I don't want to lose
their trust

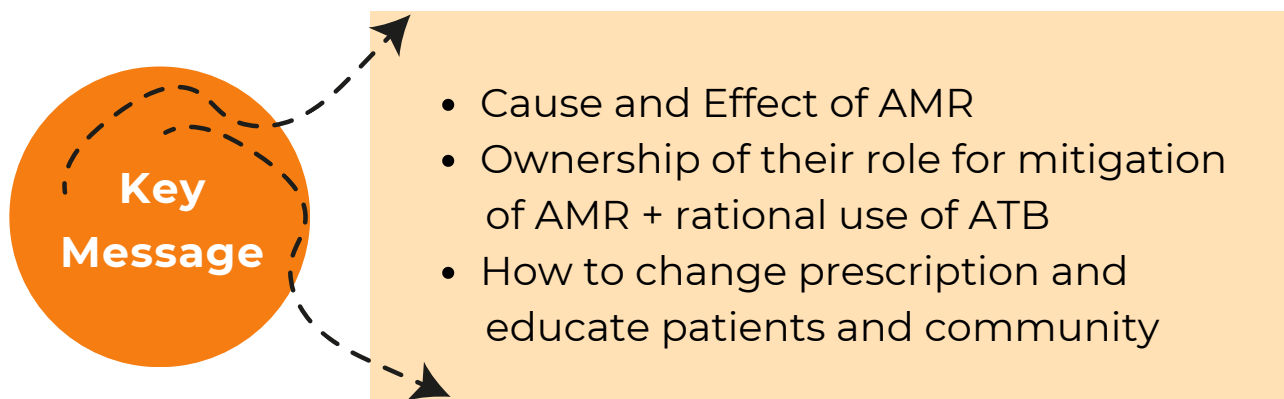
I am ethical

I know my job;
Resistance to
change

I don't want to lose
my patients

Peer Pressure

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Media and Channel



Specially curated provider seminars – physical seminars through a cascade model (TOT)

Innovative IEC called ‘voices from the field’ – launched at a series of provider events and circulated via social media and WhatsApp to providers



An R&R program – physical R&R in collaboration with the Pharma association

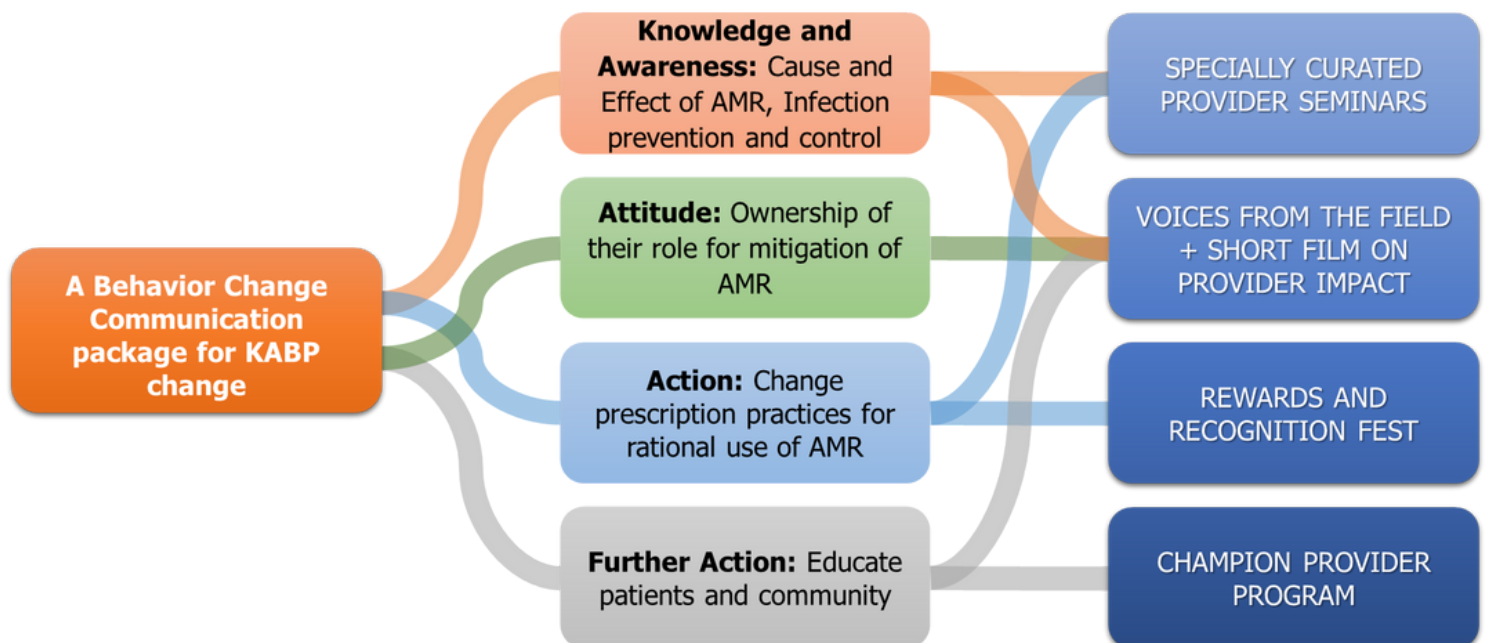
Creation of Champion providers



Key Tenets of the BCC Strategy

Providers have a significant role when it comes to AMR. Given that they are the gateway to the community, it is of paramount importance to engage providers as an agent of communication to communities. In context to the above, providers need to be aware of AMR cause and effect, there needs to be an ownership among them to mitigate AMR, they need to know how to change prescription for rational use of AMR and also assume the role of educating patients and community. Our expectation from the provider community is high and layered, and hence needs significant focus on application of behaviour change theory.

The fundamental focus of the provider is to 'not lose his patient' and we want the provider to take ownership and responsibility towards the health and of the community. The crux of the communication strategy for the providers lies in making the provider realise 'that focusing on the health of the patient' will increase trust in the 'provider-patient' relationship. **Authenticity is key here.**



Given that we are aiming at not just awareness but changing the attitudes and behaviours of providers this will need to be through a comprehensive 'Behaviour change communication (BCC) package'. The package will include:

- Specially curated provider seminars
- Innovative IEC called 'voices from the field'
- An R&R program
- Creation of Champion providers

Special seminars need to be curated with a focus on 'realisation of the link between patient health – trust – not losing the patient' in order to create an attitudinal shift among providers. The interaction in these seminars between the facilitator and the provider needs to focus on realization and ownership creation from an attitude perspective and inspiration and motivation for change in behaviour and action.

Any form of IEC for the provider can be used as a support/reminder medium. The IEC could be a series of 'voices from the field' that document 'provider' and 'patient' stories. These stories can focus on the impact that the provider has in the lives of the patient. The stories show the transition between overuse of AMR to the rational use of AMR and its benefits through the provider lens and the patient lens. A clear call to action for providers will follow the story. Additionally, a short film can be made that puts light on the powerful role of the provider in the lives of the patient, this tool can work in inspiring and motivating, thereby creating a sense of ownership.

An R&R program can be designed to felicitate champion providers based on certain pre-fixed indicators. These champion providers can then take on the baton and further the behaviour change program in Phase 2 to ensure sustainability.



COMMUNICATION FRAMEWORK

COMMUNITY



G3 - COMMUNITY WITH LIMITED EDUCATION

Purpose

Knowledge and Awareness: Understand the effect of overuse of ATB and how to prevent infections

Attitude: Understand the concept of AMR

Action: Adopt rational use of ATB

PROVIDERS

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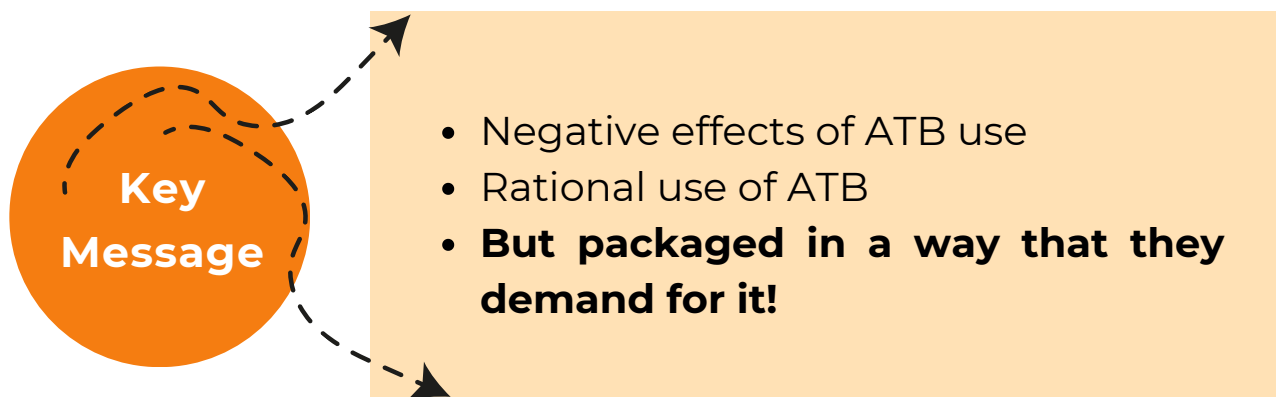
Everyone wants to
have good health

Fear based
resistance when it
comes to health

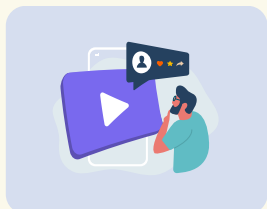
Quick results for
quick recovery

May find the topic
too technical

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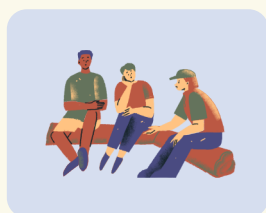


Media and Channel



Human interest stories which can bring about attitude shift, desire for change and Informative high impact, short videos that build awareness

Development of Comic Story Series can help in building interest within the audience for AMR and curiosity to know more



Creation of Stories/Videos/comic strips with Relatable characters will help connect with audiences

The videos and comic strips can be made available to the provider and can further be circulated by provider to community



Key Tenets of the BCC Strategy

In order to carry out a behavior change communication program with the community, it is suggested to get a deeper understanding of the audience. A consumer research will need to be deployed to gain deeper insights into community 'Knowledge, Attitude, Behavior and Practice' towards AMR. To change current behaviors and practices into desired behaviors and practices, we will need to gain a deeper understanding of motivators and barriers. Health is a nuanced subject. Everyone wants good health, wants to live disease free and wants to live a long life, yet there are barriers to adopting health habits and behaviors and the reason for this can vary lack of awareness to habitual behaviors.

The key steps in developing a focused BCC strategy is enlisted below:



What does the community want?

To develop a deeper understanding of the communities' health priorities

Why would they look at any material on ATB/AMR?

What is their biggest motivator to accept, adopt and consume this information? What's in it for them?

Resistance to change?

What are the reasons they would resist any information on this topic? Why would they resist change in 'pill popping habit'?

What will make them prioritise health?

Developing an evidence based communication that will result in creating a desire within the audience for change

Strategy and program for behavior change

Developing an informed BCC program, package and tools that will effect behavior change





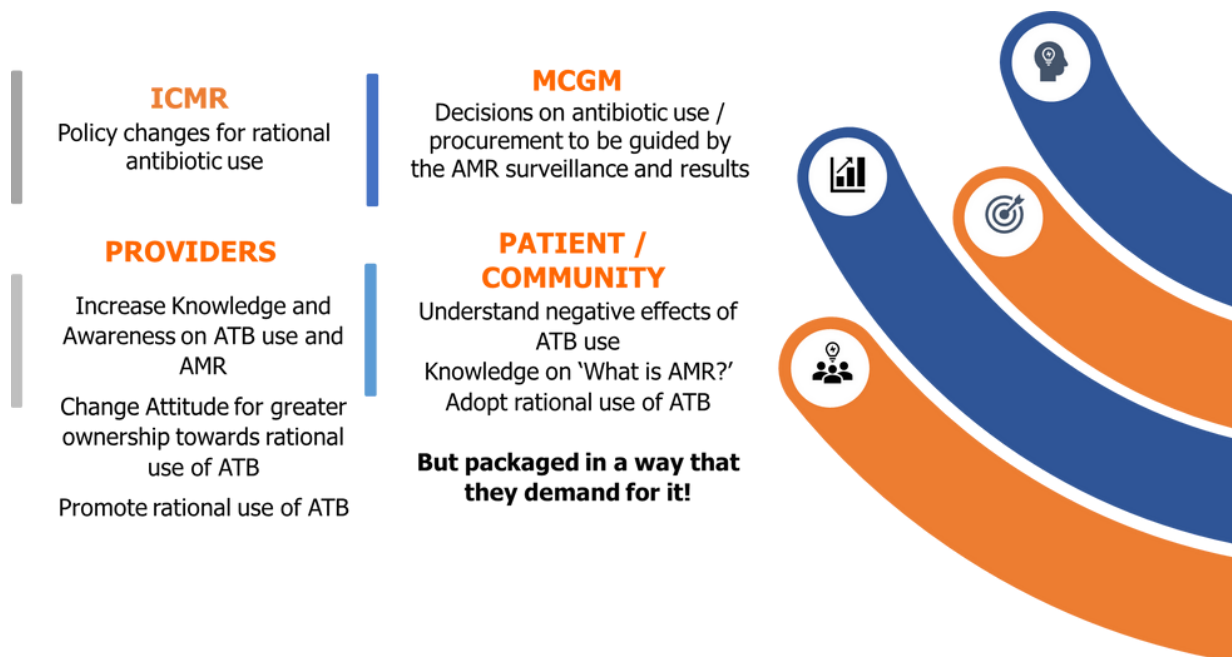
EVALUATION FRAMEWORK

FOR THE BEHAVIOUR CHANGE COMMUNICA- TION STRATEGY



3 pronged evaluation technique

- **Are we meeting the communication goal?** We set a communication goal for our message for each audience. We need to check if the BCC tool/toolkit have the potential to meet the goal? + pull back and check if it is in line with the ultimate purpose of the project.
- **5-point Test to change behaviour:** The question we need to ask ourselves is whether the BCC tool meets the 5-point test.. are we effecting change?
- **What stage of change are we at?** We use a specific model of communication and marketing that enables us to evaluate at which stage we are in the journey to behavior change.



Are we meeting the communication goal?

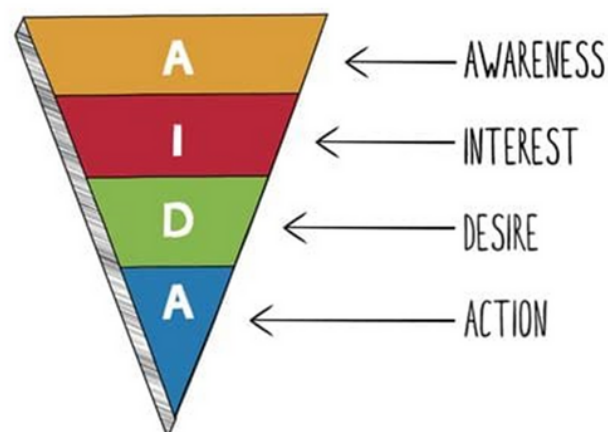
Ensure each BCC tool is appropriately attuned to evoke the desired action. Check if we are: addressing the intended Audience => with the correct Message => using the right Medium => to meet the desired Purpose.



The 5-point test

'Action' is an outcome of 'Emotion' which is created by 'Opinion' that is formed by 'Knowledge'. By evaluating our communication against this 5 Point Test, we can ensure that it has the highest possibility of creating the impact we desire.

THE AIDA MODEL



What stage of change are we at?

Correctly evaluating the stage our audiences are at, is crucial to design communication. Communication often fails when it is designed keeping an ideal goal in mind, while the audiences are in a completely 'unready' / 'unreceptive' states. Many times the required 'action' is to move the audiences to the next stage.



The Behavior Change Communication Strategy for Antimicrobial Resistance was developed through a series of **consultations and discussions** with the FMR team and the application of the **VIVA Strategic Communication Framework**.

The process involved **desk review, consultations, strategy development and documentation**.



VIVA

STRATEGY
DEVELOPED
AND
DOCUMENTED
BY
VIVA
STRATEGIC
COMMUNICATIONS

