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PUBLIC EDUCATION IN RATIONAL DRUG USE

Report of an informal consultation

Geneva, 23-26 November 1993

Action Programme on Essential Drugs

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GLOSSARY OF TERMS

Drug: Any substance in a pharmaceutical product that is used to modify or explore physiological systems or pathological states for the benefit of the recipient (*WHO TRS 825, 1992*).

Drug use (or utilization): The marketing, distribution, prescription and use of drugs in a society, with special emphasis on the resulting medical, social and economic consequences (*WHO TRS 825, 1992*).

Information, education and communication (IEC): A term commonly used - as in this report - to denote public (including patient) education activities. It is not used in this report to denote professional education, except the component of prescribers' and dispensers' responsibilities in public (including patient) education.

Patient education (in drug use): Patient instruction at time of illness in the appropriate use of prescribed/dispensed drugs.

Public education (in rational drug use): Includes patient instruction at time of illness in the appropriate use of prescribed/dispensed drugs and instruction of the public at large, or specific target groups, in the principles and practical application of appropriate drug use, including non-drug therapies.

1. INTRODUCTION

Activities related to public education in rational drug use are a growing area of work of the Action Programme on Essential Drugs (DAP). They are also the focus of increasing national and international interest. In November 1993 the Action Programme on Essential Drugs (DAP) held an informal consultation to review the information, education and communication support it provides to countries in the area of the rational use of medicines and to develop a strategy for the future that would build on experience gained by the Programme and by other organizations and individuals working in this field. Participants represented programmes and organizations actively involved in the implementation of public education in drug use and disease control (see Annex 1).

The aims of the consultation were: to draw on a common fund of experience to determine a realistic and flexible short- and long-term approach by the Action Programme to public education strategies, with particular relevance to developing countries; to describe the role that DAP could and should play in this area and its interaction with potential partners; and, to identify additional tools and information needed (see Annex 2, agenda of the consultation).

This report provides a brief review of the Action Programme's activities and approaches to public education - detailed information is available in other documents[1,2,3,4,5,6] - and proposes a strategy for future DAP work in this area. It reviews the need for public education in drug use; sets forth principles that should guide DAP's work in this area; describes constraints and facilitating factors; and outlines DAP's role at the national and international levels.

Although the term information, education and communication (IEC) can embrace a broad range of strategies and target groups this report focuses specifically on public education and the use of the term IEC should be understood in that light. This is not intended in any way to diminish the importance and need for advocacy and education related to rational drug use targeting all players in the pharmaceutical sector; simply that the scope of the consultation was limited to the public education sector.

The report also includes the outline of a protocol for a DAP development and research project to analyse the scope, methodologies, target groups and impact of public drug education initiatives in developed and developing countries. This project had already been identified as one of DAP's research and development priorities. The results of the research will be used, *inter alia*, to develop a practical manual for information, education and communication (IEC) intervention strategies in rational drug use.

2. EVOLUTION OF DAP PUBLIC/PATIENT EDUCATION ACTIVITIES

In 1981 the Action Programme on Essential Drugs was established to provide operational support to countries in the development of national drug policies and essential drugs programmes, and to work towards the rational use of drugs worldwide. In addition to its country support, the Programme conducts operational research and development work to clarify problem areas and identify practical tools for their solution. Full information on the Programme's mandate and activities is available in its biennial and other reports[1,2]. In the last decade DAP's country support, research and development activities have included

a number of projects aimed at improving drug use by patients and the general public through elucidating drug use practices, knowledge and perceptions, and developing public education materials. Research in this area has been conducted in such countries as Indonesia, Malawi, Nepal, Senegal, Sudan, Uganda and Zimbabwe; while public education campaigns have been supported or are underway in such countries as Bangladesh, Bolivia, Colombia, Kenya, Malawi and Sudan.

The Action Programme's initial approach to public education focused on information to the patient at times of illness. The 1985 Informal Working Group on Educational Material for Patients held in New Delhi exemplified this approach. The group looked into common problems associated with the use of medicines by patients and defined important messages that needed to be communicated[7]. The Action Programme's support to the Bangladesh Essential Drugs Programme in the development of a flipchart for use as an educational tool by community health workers and graphic handouts with medicines were also part of early Programme work in this area. Although this was a useful first step it became clear from DAP's country support experience and studies, reinforced by the findings of many other researchers and programme implementers, that a broader perspective of community information, education and empowerment was needed which would take into account the sociocultural framework within which medicines were used and which influenced people's perceptions and behaviour. It was recognized that educational campaigns were unlikely to be effective if conducted primarily from a top-down and biomedical perspective without an understanding of the sociocultural framework within which decisions are taken.

It was in this light that a number of research studies into drug use in the community were conducted[8,9,10,11,12] and are being used in the development and implementation of community-based and national interventions to improve the appropriate use of drugs. A simple research tool *How to Investigate Drug Use in Communities*[13] has also been developed in order to assist researchers and programme implementers working in this area.

However, it has to be said that DAP's operational country support in the field of public education has been difficult to implement, even where this has been specifically included in plans of operation of essential drugs programmes. Reasons include the low priority accorded by governments and institutions to health education in general; scarcity of research and materials development resources (both human and institutional) in many developing countries; the high cost of printed and mass media materials production; weak infrastructures creating problems in materials testing and dissemination; paternalistic attitudes of health professionals to consumers and patients; the top-down approach to education frequently regarded as appropriate; and the imbalance between non-commercial and commercial sources of information about medicines; the latter often uncontrolled and unsupportive of rational drug use. In some countries, the trained IEC personnel who are available, are already committed to work in other programmes with a substantial communication component, such as AIDS and immunization programmes. Few staff in national essential drugs programmes have any training in IEC*. Probably for this reason, such staff tend to concentrate their efforts on technical areas more closely matching their professional experience and expertise, rather than on IEC activities.

**The Sudan Essential Drugs Programme, which now has a full-time, trained IEC officer is an exception.*

DAP's operational experience and research have also shown that in many parts of the world and at all levels of the health care system prescribers are not fulfilling their "natural" health (including drugs) educational function. Thus by the early nineties emphasis was being placed by DAP, in prescriber training programmes, on improved communication between health workers and patients. Where studies have been made of such communication and patient satisfaction with the prescriber interaction, these findings are being fed back into training programmes. DAP is trying to strengthen the link between prescriber training in patient education skills to reinforce public education strategies.

The need for public education in drug use, its goals, the constraints faced in its development, and the role of DAP are discussed below.

3. THE NEED FOR PUBLIC EDUCATION IN DRUG USE

The overall aim of public education in drug use is to provide individuals and communities with information, and to foster skills and confidence, which will enable them to use medicines in an appropriate, safe, and judicious way. Public education in this area should include a wide range of different activities. Some of these are discussed more fully in another section.

Public education in the appropriate use of drugs is needed, and should be a priority for DAP, because without it people lack the skills and knowledge which they require to make informed decisions about how to use drugs (including when they should not be used) and to understand the role of drugs in health care. Inappropriate drug use has serious health and economic consequences, not just for individuals but also for the community and for the success of national drug policies themselves.

The Alma Ata declaration clearly states that "People have the right and duty to participate individually and collectively in the planning and implementation of their health care"*. This is a principle which WHO has incorporated in its activities and which is a cornerstone for DAP both in its advocacy and in its country support work. Public information and education on drug use have been defined as a key element in national drug policy[14], and some countries have made progress in this area. However public education has often not been allocated the necessary human and financial resources and is frequently treated as a marginal activity or one which should only be tackled when the other elements of drug policy have been dealt with. There is a need to increase the priority given to public education.

Irrational drug use has been well documented and includes problems of overuse, underuse and inappropriate use. Various factors contribute to these problems. These include the lack of adequate regulatory systems; shortages of essential drugs and availability of inessential drugs; the lack of sound and objective information on drugs for prescribers and consumers; the considerable influence of drug promotion on both prescribers and consumers (this tends not only to influence choice of drugs but to encourage people to use drugs in situations where they may not be needed). The examples which are commonly encountered include:

Article 4, Declaration of Alma Ata

- the use of unsafe and ineffective drugs that proliferate in the market, particularly in the informal sector; this creates a danger to community and individual health;
- the use of drugs for indications that could be handled by non-drug alternatives; in such cases there can be increased risk and needless expenditures;
- polypharmacy or the multiple use of drugs, which increases the risks of adverse reactions, including drug interactions;
- drug and prescription hoarding, which is common in countries where drug supply is erratic and/or there is difficult access to health services, as people share medicines from previous illnesses, often with a deficient understanding of the action, and risks, of these medicines;
- preference for injectables, and the re-use of disposable syringes, which increases the risk of infections;
- inappropriate use of antibiotics and other anti-infectives, which results in drug resistance, contributing to higher morbidity and mortality.

There is a vicious cycle that operates in drug misuse since resources that could have been used directly for disease prevention and control are diverted and used instead to "treat" the consequences of this misuse. Public health problems resulting from drug misuse are serious, and could worsen if they are not addressed now.

There are also a number of current trends which increase the need for and importance of public education in drug use. These include:

- expansion of the private sector as a source of drugs;
- market deregulation in many countries;
- descheduling of drugs which means that products previously available only on prescription can be bought over the counter;
- an increase in direct-to-consumer advertising of prescription drugs and new forms of marketing including "advertorials", and promotions in schools.

Improving public understanding about medicines will not resolve all of these issues but, together with other activities to implement national drug policies, it will contribute to the development of solutions.

At an individual level the benefits of improved public understanding include:

- a better appreciation of the limits of the role of medicines within health care and less belief in the idea that all ills require pharmaceutical treatment;
- an improved balance of power between consumers/patients and health professionals;

- a more critical attitude to advertising and other commercial information, which often fails to give balanced information about drugs;
- a better understanding of how to take medicines when needed.

At a more general level the benefits include:

- more understanding and support for drug policy and for measures to rationalize drug use. In particular people need to understand that policies which encourage judicious prescribing are in their interest;
- a more economic use of drugs and less waste of resources;
- improved confidence in health services and health professionals;
- increased success of measures to deal with public health problems.

Education is needed at a general level so that people have a better understanding of what medicines are and what their role in health care is. Inclusion of basic education on drugs in schools could lay a foundation for appropriate drug use and management of health problems. At a more specific level, education is needed to tackle problems of misuse which are identified as being particularly serious. Campaigns for the wiser use of specific drugs (e.g. in diarrhoeal disease control programmes) have proven that campaigns can have some effect in reducing morbidity and mortality, and in reducing needless expenditures. DAP can play a significant role in advocating and supporting the inclusion of public education in national drug policies and programmes, and the work of collaborating organizations.

4. PRINCIPLES TO GUIDE DAP'S WORK IN PUBLIC EDUCATION

Drug use should be seen within the overall context of a society, community, family and individual. Public education on drugs should recognize and take into account cultural diversity and the influence of social factors such as poverty, disadvantage and power relations that can influence drug use. Annex 3 discusses some health education approaches and lessons learned.

A series of principles were identified which were felt to be important in guiding and defining DAP's work in the area of public education.

The importance of integrating public education in the appropriate use of drugs within comprehensive national policies for drug use and health was stressed.

In addition the working group identified the following principles:

- public education should encourage informed decision-making by individuals, families and communities on the use of drugs and non-drug solutions;
- public education on drugs should be based on the best available scientific information on drugs, their efficacy and side effects;

- public education should be accompanied by supportive legislation and controlled drug use to make informed choices on drug use easier;
- NGOs, community groups and consumer organizations have an important role to play in public education programmes and should be involved in the planning and implementation of education activities;
- communications training and a reorientation of health care providers' attitudes is necessary if prescribers are to make an effective contribution to public education on drug use in their interaction with the community;
- public education should be based on sound educational principles which take into account community perception and needs, decision-making processes in families, and the constraints that communities face in their daily lives.

5. CONSTRAINTS AND FACILITATING FACTORS

The outcome of public education activities can be influenced both positively and negatively by many factors. The nature and extent of these influences can vary from country to country according to the level of development and health care infrastructure.

Factors that can act as constraints to public education were identified under six main areas: a lack of policies on both drug use and public education; commercial interests; professional interests; weak infrastructures: resource availability; as well as economic, social and cultural influences.

Factors that can facilitate public education are described under three main areas: increased awareness of the need for drug education; improvements in health infrastructures; and the expanding coverage of the world's population by mass media.

5.1 Constraints

Constraints are defined as any factors which inhibit or limit the implementation of public education strategy. Constraining factors need to be recognized and evaluated. Solutions for dealing with these problems will vary according to the particular situation of each country.

Individual countries will need to develop solutions that meet their specific needs. However, there is value in bringing together interested groups to share their experiences and approaches, learn from successes and failures, and develop a framework for effective public education.

The main constraining factors are described below:

Lack of coherent policies for both drug use and public education
Many countries need to strengthen their national policies for drug use and incorporate public education. Without a clear policy, it is difficult for public education to take place in a cohesive manner and be adequately supported. A fragmented approach can confuse

the public because they receive conflicting and competing messages. Lack of systematic collection, analysis, and evaluation of drug data, such as drug use practices and outcome, can be constraining factors.

The weak state of public education on drugs in many countries is partly a result of a wider neglect and lack of political commitment to public education in general. Public education is given a low priority within health services, and consequently is poorly financed and staffed. Sometimes this void is filled by the efforts made by nongovernmental organizations, who depend on donor agencies for funding which can be withdrawn or reallocated. In some instances public education on drugs is considered an especially sensitive issue because it may lead to community-challenging commercial and other vested interests.

Commercial interests
Commercial interests may not always match public interest. Industry marketing has a commercial goal of increasing sales and profits of a given product. Since it does not provide independent, comprehensive and comparative information it can contribute to inappropriate drug use and the purchase of needlessly expensive products. Moreover, where government regulation of drug promotion is weak - the situation in many developing countries - uncontrolled and inaccurate promotion can be a major contributory factor to inappropriate drug use, with serious consequences.

Lack of communications skills training in professional curricula
Communication skills training frequently receives low priority in the curricula of schools of medicine, pharmacy and nursing, compared with biomedical subjects. In some institutions it is not covered at all.

Professional interests
Resistance to change within professional groups can serve as a constraint to public education. In some cases, professional groups do not perceive the need for or the importance of public education. In addition they often do not fulfill their professional role in providing advice on the appropriate use of drugs on either a personal or organizational basis.

Prescribers tend to hold influential and powerful positions. Public education can appear to conflict with existing values and power relationships, for example leading the public to challenge the traditional prescriber/patient relationship. Professional groups can oppose this because they mistakenly perceive it as a threat rather than recognizing the challenging opportunities that arise through this new relationship with the community. However, in some countries, this situation is changing and professional bodies - notably pharmacist associations - are spearheading innovative approaches to public education (see 5.2 facilitating factors).

Weak infrastructures
Lack of infrastructure within the health system for implementation of drug policies, including public education, is a major constraint for some countries.

Any effort to educate the public on appropriate drug use can be undermined if there is a lack of necessary drugs and easy access to prescription drugs from informal sources. Consumers are then faced with the dilemma of reconciling public educational messages which motivate appropriate behaviour with the reality of the market place.

Poor health infrastructures often lead to inadequate distribution of health, education and other services, including public education initiatives. It is recognized that the most vulnerable groups are often at the fringe of health systems and are thus the groups most likely to miss opportunities to benefit from such initiatives. Access to these people is difficult.

Health education support services are weak in many countries with a shortage of trained health educators and facilities. Lack of independent objective sources of information for both prescribers and public on drugs can be a constraining factor. This often leads to reliance on commercial sources of information.

Resource availability
Resources include both funds and human resources, both of which are often inadequate. Effective public education requires sufficient funding to enable targeting of population groups through appropriate strategies.

Public education on drugs will require an extensive programme of training of health workers and other field staff in communication skills and new developments in drug use. Mechanisms for continuing education in many countries need strengthening. Since public education is a low priority, training courses providing these skills in this area are often not funded or supported.

Social, economic and cultural factors
Public education programmes frequently fail to take into account the social, cultural and economic factors that can influence community behaviour. The assumption is often made in public educational activities, that people will passively accept and respond to "obvious" health messages. In reality, people's behaviours are moulded by a range of beliefs and attitudes which need to be understood sensitively in the development of public education programmes. Lack of involvement and participation of the target groups often lead to failure of the programme. The failure to recognize that bringing about behavioural change is a slow and long term process can lead to support for programmes being prematurely withdrawn.

5.2 Facilitating factors

Facilitating factors are defined as any factors which stimulate, provide, or promote, a fertile environment for public education.

Increased awareness of the need for public education on drugs
Over the past decade there has been increasing public interest and subsequent demand for comprehensive drug information. Allied with this is the concept of the right to know and expectations that individuals should and want to take an active role in health care decisions. This has, in part, been stimulated by the democratic process, and also by a movement for individuals to take more responsibility for their own health care, and the growth of organized consumer and public interest groups.

Both at international and at national levels, there is growing recognition that public education can be an effective tool for promoting appropriate use of drugs. Some countries are encouraging the development of innovative public education programmes.

Increased networking is facilitating the sharing of experiences of public education between government health services, NGOs and community-based groups. In this way, groups are learning from the experience of others and beginning to work together.

Some national and international professional associations, particularly those in the area of pharmacy, are now strongly promoting a community educational role for their members, and backing this through the development of related strategies and materials.

Some pharmaceutical companies are moving towards the provision of improved and user-friendly written patient information. This is partly in response to regulatory requirements and also to consumer pressures.

Improvements in health infrastructures
Following the Alma Ata Declaration many countries have begun to implement programmes of primary health care. With improvements in the health infrastructure and the formulation of national drug policies, there is increased opportunity for the development of public education.

Expanding coverage of mass media and information technology
Recent major advances in communication technology have created powerful mechanisms to convey educational messages. In the last decade the proportion of the world's population that can be reached though radio and television has increased dramatically. This increasing coverage can have negative consequences through greater exposure to misinformation on drugs. However, it also opens up new opportunities to reach large audiences, including non-literate populations.

With enhanced information technology, there is greater accessibility to information through on-line data bases, satellite links, etc. This has many positive benefits, including the access to objective information, and the sharing, pooling, and comparative evaluation of different methodologies.

6. THE ROLE OF DAP

The general objectives of what should be DAP's role, and related specific activities, are described below.

6.1 General objectives

i) to encourage national programmes to incorporate an educational component within their national drug policies;

ii) to stimulate awareness internationally of the need for public education in the appropriate use of drugs;

iii) to mobilize resources (internationally and nationally) to support public education work;

iv) to play a coordinating role within WHO (global and regional) and among WHO and collaborating agencies;

v) to act as a partner in stimulating new work or promoting/supporting work carried out by others;

vi) to develop models and tools that can be used to plan, implement and evaluate public education activities on drugs.

6.2 Specific activities within objectives

i) To encourage national programmes to incorporate an educational component within their national drug policies:

Globally:

- by providing a framework and examples illustrating how public education fits into a national policy;

- by providing information to the DAP Management Advisory Committee and to the Expert Committee on National Drug Policies on DAP's priorities in this area.

Nationally:

- by assisting governments and national programmes to develop the educational component of their national drug policy;

- to assist them in developing a plan of action based on this component;

- to assist them in implementing such a plan of action.

ii) To stimulate awareness internationally of the need for public education in the appropriate use of drugs:

Globally:

- by providing information and examples to other international organizations, programmes and NGOs of the contribution educational programmes can make (a key paper explaining basic concepts and the rationale for public education on drugs is needed);

- by organizing and participating in meetings to stimulate awareness in this field and encouraging networking.

Nationally:

- by providing a mechanism through which national programmes can share their own experiences with the international community;

- by providing a mechanism through which national programmes can have access to international expertise and funding.

iii) To mobilize resources (internationally and nationally) to support public education work:

Globally:

- by advocating the inclusion of a public education element in multilateral and bilateral essential drugs programmes;
- by liaising with donors to encourage them to fund public education work on drugs;
- by making an inventory of existing and potential sources of funds for work in this area;
- by setting up a seed fund to support innovative country schemes implemented by government or community based NGOs.

Nationally:

- by encouraging national programmes to include funding for public drug education activities in core plans;
- by assisting national programmes and community based NGOs to have access to international funds;
- by developing model proposals which countries may adapt when requesting funding.

iv) To play a coordinating role within WHO (global and regional) and among WHO and collaborating agencies:

Globally:

- by creating and maintaining a documentation centre on public education in drug use;
- by providing this information to Regional Offices, to other WHO programmes and other potential users and by encouraging them to share their experiences and express their needs for support;
- by encouraging the inclusion of information about public drug education in WHO publications, such as *World Health Forum;*
- by providing the models and tools developed at global or national level, and organizing regional training courses in their use if appropriate;
- by maximizing opportunities to cooperate with and support the public education work of disease control programmes, when appropriate.

Nationally:

- by encouraging those involved in national activities to communicate their experiences both to regional offices and DAP;

- by encouraging those involved in national activities to use the documentation and information exchange facilities at DAP.

v) To act as a partner in stimulating new work or promoting/supporting work carried out by others:

Globally:

- by carrying out a global review of IEC activities and making the results available to those with an interest in this field.

Nationally:

- by encouraging those at national level to participate in the global review;
- by stimulating innovative approaches from community based groups and from other partners.

vi) To develop models and tools that can be used to plan, implement and evaluate public education activities on drugs:

Globally:

- to produce a handbook of case study experiences in the field of public education in drug use from which others can learn;
- to produce a practical manual with guidelines for various types and levels of public education activities;
- to provide examples of approaches which show how education in rational drug use can be integrated into the curricula of schools;
- to provide models of other educational activities that can be used in a variety of settings, including clinics and community (e.g. drama, puppets, learning games, radio spots);
- to develop training materials which specifically help health workers to communicate more effectively with consumers on drug questions.

Nationally:

- to work with selected countries to develop model materials (drawing particularly on the experience in countries where DAP has existing IEC programmes);
- to help countries to adapt, disseminate and use the above model materials;
- to encourage countries to develop and document their own activities and to communicate their successes and failures.

7. SUMMARY AND CONCLUSIONS

It is evident that a global need exists for public education in the field of appropriate drug use. Countries, programmes and organizations working in the pharmaceutical sector should be encouraged and assisted to embark on public education activities. Public education should form an integral part of national drug policy and the training of prescribers and dispensers. DAP has a critical leadership, advocacy, information and development role to play in this area. The Programme's earlier country support, research and development work should be built upon and strengthened. DAP should make a particular effort to widen its network of partners in this field to include support to smaller scale programmes, conducted by nongovernmental organizations, which could serve as development models for subsequent larger programmes. Consumer and professional organizations are especially logical partners in this support.

A comprehensive international information base on drug education programmes for the general public is needed. DAP should commence as soon as possible the global survey of such public education programmes, that is already planned as a priority activity. A draft research protocol for this review is attached as Annex 4. This work will form a logical basis for the planned guidelines on the development of public education programmes.

Early in 1994, the Programme should draw up an operational plan of short- and long-term activities in public education, including anticipated funding and partners, based on the principles, aims and objectives outlined in this report. Such an operational plan will assist the structured development of this important programme component and facilitate implementation, monitoring and evaluation.

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Annex 1

List of Participants

Dr Eva M.A. Ombaka, Pharmaceutical Adviser, Christian Medical Commission

WHO temporary advisers

Ms Ilham Abdalla Bashir, IEC Officer, Sudan Essential Drugs Programme

Ms Catherine Hodgkin, International Coordinator, Health Action International, Netherlands

Dr John Hubley, IEC consultant, UK

Ms Yong Sook Kwok, Pharmaceutical Health and Rational Use of Medicines (PHARM) Working Group, Ministry of Health, Australia

Dr Michael Tan, Executive Director, Health Action Information Network, Philippines

WHO programmes

Dr Mariella Baldo, Global Programme on AIDS (GPA)*

Mrs Birgit Hansen, Expanded Programme on Immunization (EPI)

Dr Penny Phillips-Howard, Malaria Control (MAL)

Dr Desmond O'Byrne, Health Education (HED)

Mr H. Benaziza, Health Education (HED)

Ms Cathy Wolfheim, Control of Diarrhoeal Diseases (CDD)

Secretariat: Action Programme on Essential Drugs

Mrs Pascale Brudon-Jakobowicz
Ms Daphne A. Fresle (Meeting Coordinator)
Ms Gráinne Gahan
Mrs Kathleen Hurst

Unable to attend due to illness.

Annex 2

Agenda

1. **Introduction** (Margaretha Helling-Borda, Acting Director, DAP)

2. **Review of DAP and global IEC activities** (Daphne Fresle, DAP)

3. **Presentations by participants:**

- Consumer education initiatives by members of the HAI Network (Catherine Hodgkin)
- IEC activities in the Sudan Essential Drugs Programme (Ilham Bashir)
- Drug policy in Australia: the role of public education (Yong Sook Kwok)
- Working with NGOs in the Philippines (Michael Tan)
- Communication for health (John Hubley)
- Public education needs from the mission hospital/clinic perspective (Eva M.A. Ombaka)
- WHO disease control programme communication strategies:
  - Diarrhoeal Diseases Control (Cathy Wolfheim)
  - Expanded Programme on Immunization (Birgit Hansen)
  - Global Programme on AIDS (Mariella Baldo)
  - Malaria Control (Penny Phillips-Howard)
- WHO Division of Health Education (Desmond O'Byrne)

4. **Discussion questions:**

- Why is public education in rational drug use needed?
- What accounts for the low profile of IEC in national drug policy and ED programmes?
- Who are the key protagonists at the local/national/international levels and how should they interact?
- What should be the role of DAP in IEC global advocacy and country support?
- How can appropriate methodologies for local, national and international interventions be identified, developed and promoted?
- To what extent are "generic" materials and strategies feasible?
- What are the major constraints to successful promotion, development, implementation and sustainability of IEC programmes?

- How can constraints be overcome?
- What lessons can be learned from IEC activities to date?

5. **Development of research protocol for global IEC review:**

Research objective: to determine the scope, methodologies, target groups and impact of public drug education initiatives in developed and developing countries, in order to analyse and promote successful intervention strategies, and to identify potential partners and strategies for DAP IEC activities.

Research questions:

- In which developed and developing countries has public education in the use of drugs taken place?
- What type of organization (i.e. government, NGO, commercial) has developed and disseminated the materials?
- What methodology has been used for educational materials development?
- What channels of communication have been used?
- What were the principal themes/messages?
- Who were the target groups?
- What was the cost (development, production, evaluation) and source of funding?
- Has the impact of the material/campaign been evaluated?
- Are there any common determinants of success or failure?

Note: it is planned to devote the first two days of the consultation to group discussions. The second two days will be used to draft a detailed DAP IEC strategy document, based on the discussions, and to prepare a research protocol for the global IEC review.

Annex 3

Approaches to health education and lessons learned*

The term "health education" (HE) covers a wide range of approaches which can differ considerably according to the background, training, ideology and values of the practitioner.

- HE can involve the use of a range of different methods including mass media, face-to-face and community organization;
- HE can involve working through many different types of agencies such as health, agriculture, literacy, women's affairs, youth etc.;
- HE can take place in different settings, including clinics, workplaces and community groups;
- HE programmes might seek to reach people at different stages in their life cycle: through schools; at the time of pregnancy; or in old age;
- HE can take place at different levels of organization of society: at the individual, family, community, district, national and even international level;
- HE can take a "campaign" approach which involves short high-intensity programmes around single issues, or a longer-term approach in which it is integrated into primary health care activities.

Two fundamentally different approaches are:

- the *persuasion approach* - involves a deliberate attempt to influence the other person to do what we want them to do often called the "directive" or "top-down" approach;
- the *informed decision-making or participatory approach* - giving people information, problem-solving and decision-making skills to make decisions but leaving the actual choice to the person. With groups who have been disadvantaged and oppressed this can also involve "consciousness raising" and promoting awareness that they have the power to make decisions and control their own lives (empowerment).

Source: Hubley J. Communicating Health, Macmillan, 1993

Planning health education programmes for promotion of community drug use involves making a number of decisions:

- WHAT is "appropriate" drug use?
- WHY are there problems of inappropriate drug use?
- WHAT is the role of human behaviour compared with other factors, e.g. drug legislation, accessibility of health services?
- WHAT is the role of health promotion including government action, legislation and policy making in dealing with the problem?
- WHAT is the role of health education and communication?
- WHO should the communication and health education be directed at?
- WHAT approach to use - persuasion or informed decision-making?
- WHO should carry out the health education?
- WHAT channel should be used to reach the intended audience?
- WHAT methods should be used?
- WHAT content should the message have?

Some lessons learned

Many of the principles of effective health education in developing countries were established in the early 1960s and 1970s. However there has been a failure to apply them in health education and primary health care programmes. It has been common to put the blame for unsuccessful programmes on the communities themselves and point to traditional beliefs or backwardness. However the real reason for failure is frequently that health education is often poorly planned and executed, contains irrelevant information, promotes unrealistic changes, is directed at the wrong people and uses inappropriate methods.

In the case of community drug use a common reason for failure is a failure to understand how the community themselves view the problem, especially their perceptions of health and illness, and the conflict between traditional ideas of disease causality and western medicine. Another reason for failure is that actions of individuals are seen in isolation, whereas most of the actions involved in illness behaviour take place within the context of "lay referral systems" in the family and community.

It's not enough just providing some facts to the community and expecting change to take place automatically. An impact cannot be expected unless the community's perspective is understood, taken into account in the processes of decision-making and includes the most important beliefs in the messages.

Lessons learned suggest that successful health education programmes should:

- base themselves on social and epidemiological research with the involvement of the community, health educators and social scientists in the planning stages in order to ensure that objectives are realistic and feasible within the constraints faced by the community and build on ideas, concepts and practices that people already have;

- encourage community participation in planning, implementation and evaluation of health education activities; provide opportunities for dialogue and discussion to allow learner participation and feedback on understanding and implementation;

- use a suitable mix of well-designed communication methods based on the characteristics of target audiences;

- make appropriate use of person-to-person communication from trusted members of the community, supported by mass media and indigenous communication patterns including popular media, songs, drama and oral and folk traditions;

- pre-test materials and messages before use to ensure that they are appropriate, clearly understood, entertaining and attract attention; and provide training for field staff in their use;

- involve a wide range of government and non-governmental agencies in health, education, adult education, rural development, mass media, women's affairs and provide the necessary coordination, training and support;

- incorporate monitoring and evaluation to ensure that lessons learned lead to improvements in future practice.

Annex 4

Draft Research Protocol for IEC Review

1. Study aims

To collect and review existing public education activities on appropriate drug use in order to identify suitable educational strategies that should be promoted by DAP.

2. Justification of the need for research study

Public education activities on the use of drugs have been undertaken in many countries. There is a need for a comprehensive review of existing activities to provide guidelines for future educational programmes and identify needs for future research and evaluation studies. Some of the experiences of drug education have been published in the research literature, others have not been documented or only incompletely described. It will thus be necessary to go beyond a simple review of research literature and actively search out drug education programmes and obtain information on their implementation and effectiveness.

3. Outputs

3.1 Outputs from first phase:

- A state-of-the-art review of drug education activities with a critical assessment of their effectiveness
- A critical assessment of the quality and quantity of current research on drug education and the identification of needs for future research
- A review of research methodologies and current strategies for evaluation of drug education programmes
- A reference collection of educational materials that have been used in drug education programmes together with details on their effectiveness and use
- A register of institutions that are currently active in implementation and research on educational activities on drug use
- A register of potential donors for public education programmes
- A list of recommendations on priority topics for future research activities

3.2 Outputs from second phase

- A set of criteria for assessment of programmes
- A handbook of case studies of drug education programmes
- A set of generalizations on the elements that contribute to the effectiveness of educational programmes on drugs (e.g. in the form of a guideline)

4. Methodology

The data collection for this review can take place in a number of ways and include the following:

DAP, in collaboration with external organizations (including consumer, and nongovernmental), to request examples of public education programmes. Approaches could include, but are not limited to:

- making an announcement of the project in future issues of the Essential Drugs Monitor. This could be accompanied by profiles of examples of public education programmes. Readers to be invited to bring to the attention of DAP any projects that meet the criteria of public education programmes;
- complementing this announcement, Health Action International can inform its network and request HAI partners to also submit examples of public education programmes;
- contacting persons/organizations known to be involved in programmes of public education on drug use to contribute to the DAP project;
- seeking assistance and support from WHO regional and country offices, ministries of health, and resource centres;
- conducting a review of existing published literature through computerized bibliographic searches, examination of journals, abstracts and correspondence, and if required, through visits to specialist documentation centres/ researchers in the field of drug education.

5. Data to be gathered

Information on the following should be gathered from public education programmes:

- location of the project: country, urban/rural;
- type of organization (i.e. government, NGO, commercial) undertaking the educational activity;
- methodology employed, including use of media and initial research;

- aim(s) and objective(s) of the project;
- nature of activity, e.g. workshops, campaigns, theatre;
- principal themes/messages;
- target groups (age, sex, culture, ethnic group, socioeconomic status); the extent to which target groups participated in the planning and implementation of the educational activities;
- composition of planning group and involvement of health workers in community-based programmes;
- educational materials developed or used for the project, if any. How these were prepared?
- training components (if any) in the programme and training methodology;
- reasons for developing and implementing the project: was it based on research/needs assessment? If so, how was this done? Were the target group involved in the planning of the programme?
- evaluation: was the project evaluated, if so how? what were the indicators used to measure success and what was the result of the evaluation?
- problems experienced in developing and implementing the project;
- strengths and weaknesses of the project;
- ingredients for success or failure of the programme;
- lessons learned from the programme;
- cost of the project (development, production, implementation and evaluation);
- source of funding;
- status of the project (completed, ongoing).

The responses to the questionnaire will be put on a computerized database.

6. Expertise/facilities required for suitable implementing agency

- Experience in the evaluation of educational programmes including understanding of research/data collection methodologies
- Access to bibliographic search facilities, libraries, resource centres
- Data processing facilities

7. Reporting

An interim report will be produced based on this initial review. This will assess the quantity and quality of available published literature on drug education programmes; documentation of what public education programmes are available; what aspects of drug use are targeted, and identify gaps in public education programmes.

In addition, the report will address what makes public education programmes successful and draw out the lessons learned from their experiences.

It will also identify the scope and extent of further work.

8. Recompense of respondents

There should be financial recompense to those groups (particularly in developing countries) contributing to the DAP project.

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