



MEETING COMMUNITY NEEDS

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Why?

- Working with communities is critical to motivate the adoption of healthier behaviors, including appropriate use of vector control products.
- Funders strongly encourage adoption of inclusive approaches and community engagement at all stages of vector control programming and market shaping.
- Whether addressing demand or access-related barriers to vector control behaviors, understanding needs and preferences of communities at risk of vector borne diseases is the first step towards successful interventions at all levels the health system.
- Leveraging private, public and/or civil society channels that already serve communities at risk of vector borne diseases is recommended to identify efficient and sustainable engagement approaches.
- Early and regular consideration of community perspectives—by manufacturers and product development partners-- is key for successful market introduction and shaping efforts for new VC products.

Common misassumptions

MYTH: Communities have uniform needs and preferences.

TRUTH: Communities are made up of a heterogeneity of perspectives. The types of vector control products, delivery channels and behavior change messaging that works for a grandmother who collects mushrooms in the forest in Mondulkiri will likely be very different from what is appropriate for a 17-year-old migrant living in a camp on the Thailand-Myanmar border.

RECOMMENDED APPROACH: Conduct formative research to identify specific target audience segments at risk with similar needs, values and characteristics

Common misassumptions

MYTH: Communities prefer to receive health products through public health channels.

TRUTH: Community access preferences vary by product type and audience segment.

RECOMMENDED APPROACH: Use delivery channels already serving community, which are likely to include a mixture of public, civil society and private health outlets, as well as non-health outlets.

Common misassumptions

MYTH: Communities are not able to pay for vector control products.

TRUTH: Community willingness to pay varies by product type and segment. In some cases, individuals at risk of malaria are purchasing ineffective products i.e. untreated hammock nets, indicating an opportunity to crowd the right products into private retail channels already serving segments at risk.

RECOMMENDED APPROACHES: i) Target subsidized product distribution to most at risk community members; ii) Assess mosquito bite prevention product specifications –for products that communities at risk purchase—to align subsidized product design more/better with community needs and preferences; iii) Use market introduction/shaping techniques to improve commercial as well as public sector access to products communities need and want.

Common misassumptions

MYTH: Communities will use health products after receiving information or education about the product.

TRUTH: Information is necessary but not sufficient to change behaviors. Effective behavior change programming requires i) using a behavior change framework to analyze social as well as individual barriers to a specific behavior for a specific segment; ii) using emotional as well as functional insights to ensure key messages are designed to motivate vs inform; iii) using two-way, engaging formats to encourage prioritized segments to commit to behavior change.

RECOMMENDED APPROACH: Social and Behavior Change Communication

IEC or SBCC?

Guiding questions

- Are we telling communities what to do, or explaining why the recommended practice is beneficial?
- Are we using messages and images that resonate with communities?
- Are we facilitating two-way conversations about recommended behaviors?
- Are we leveraging the “right” channels for a given audience segment and message—including but not limited to health channels?
- Are we engaging peers and community influencers?



Common misassumptions

MYTH: Communities won't be able to use mobile or digital solutions.

TRUTH: While technology won't address all vector control challenges, and while access and feasibility will vary by community segment and technology solution, the potential for mobile and digital solutions and channels is substantial. This is particularly true in Asia where connectivity—while not constant—is improving quickly.

RECOMMENDED APPROACH: use a human-centered design approach to include community in assessing pros/cons of digital—as well as offline—solutions to vector control challenges.



Common misassumptions

MYTH: Communities need 1 vector control product option.

TRUTH: Choice is needed to meet needs of diverse segments within communities at risk of vector borne diseases. Choice within a product category has been shown to increase uptake and use for numerous health product categories.

RECOMMENDED APPROACH: Accelerate market and health system introduction of effective vector control product innovations by i) ensuring the regulatory pathway is transparent and relatively short; ii) helping manufacturers, product development partners and VBD programs engage with communities to plan introduction of novel VC products.



Thank you

UCSF

Project BITE

SC Johnson

IVCC

CSO Platform

Malaria Consortium, SCDI, CHD,
PATH Digital Square

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Nam

APMEN Vector Control Working
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