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MeTA Zambia Communication Strategy (Draft)



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Situation Analysis

Country Background

Zambia, which gained its independence from Britain in 1964, is a land-locked country bordered by Angola, Botswana, the Democratic Republic of the Congo, Malawi, Mozambique, Namibia, Tanzania and Zimbabwe. With an area of 752 614 square kilometres, the population was estimated at 13.2 million (Central Statistics Office 2012). Zambia is a Lower Middle Income Country. Since 2006, the country has been implementing the Vision 2030, which aims at transforming it into a prosperous middle-income nation by 2030. Over the past 6 years, the country recorded major improvements in macro-economic performance, with the average annual economic growth rate, above 5 percent. However, these improvements have not yet significantly impacted on the socio-economic well-being of the population, majority of whom are poor and vulnerable (Ministry of Health, 2012).

Health Sector

Zambia has a high burden of disease, which is mainly characterised by high prevalence and impact of communicable diseases, particularly, malaria, HIV and AIDS, STIs, and TB, and high maternal, neonatal and child morbidities and mortalities. The country is also faced with a rapidly rising burden of non-communicable diseases, including mental health, diabetes and cardio-vascular diseases (World Health Organization, 2012).

The health sector was reported to have recorded significant progress in most of the key areas of health service delivery, and health support systems, leading to major improvements in most of the key health performance indicators. According to the 2007 Zambia Demographic and Health Survey (ZDHS 2007), Maternal Mortality Ratio (MMR) reduced, from 729 deaths per 100,000 live births in 2002, to 591 in 2007, Under-Five Mortality Rate (U5MR) reduced from 168 per 1000 live births in 2002, to 119 in 2007, and Infant Mortality Rate (IMR) from 95 to 70, respectively. Neonatal Mortality Rate (NMR) reduced from 37 to 34, respectively. During the same period, HIV prevalence in adults, aged 15 to 49 years, reduced from 16.1% to 14.3%. The malaria and TB programme performance reviews conducted in 2010, and other reporting health systems, also reported major improvements in the prevention and control of malaria and TB. Malaria incidence per 1000 population dropped from 412 in 2006, to 246 in 2009. TB treatment success rate improved from 79% in 2005 to 86% in 2008. However, despite these achievements, the sector continues to face major challenges, which include high disease burden, inadequate medical staff, weak logistics management in the supply of drugs and medical supplies, inadequate and inequitable distribution of health infrastructure, equipment and transport, and challenges related to health information systems, inadequate financing, and identified weaknesses in the health systems governance (Ministry of Health, 2012).

Pharmaceutical Sector

The pharmaceutical sector has undergone a number of changes from the time MeTA studies and position papers were published (2009 and 2010). The Pharmaceutical Act No. 14 of 2004 has been repealed and replaced by the Medicines and Allied Act No. 13 of 2013 that has allowed the continued existence of the Pharmaceutical Regulatory Authority but has been re-named Zambia Medicines Regulatory Authority (ZAMRA) with expanded mandate to regulate more health technologies such as diagnostics and blood & blood products.

The review of the act has followed concerns and inputs from stakeholders including those of MeTA Zambia. One of the main inclusions in the Act is the establishment of Health Shops and Agro-Vet shops to increase access to medicines and allied substances in rural and peri-urban areas.

The Zambia Medicines Regulatory Authority (ZAMRA) will be responsible for registration and regulation of health shops, retail pharmacies, private clinic and hospital pharmacies; market authorisation of medicines and allied substances intended for human and animal use (Ministry of Justice, 2013).

Forecasting and quantification is still being done by the Ministry of Health's (Directorate of Clinical Care and Diagnostics Pharmacy Unit) with cooperating partners and other stakeholders such as CHAZ, UNDP, Clinton Foundation and other NGOs. The pharmacy unit is also responsible for capacity building in pharmaceutical management in public sector health institutions. With the establishment of the Ministry of Community Development, Mother and Child Health and the launch of the decentralization policy by the Ministry of Local Government, pharmacy department under MoH will continue providing technical support throughout the supply chain management of essential medicines as policy formulators and servicing as policy implementation monitors.

The Ministry of Health has given Medical Stores Ltd expanded mandate to procure medicines for government health institutions. This new management arrangement has established MSL, as the institution responsible for forecasting, quantification, procurement, distribution and coordination of all activities around the nation medicines supply chain. This will assist in making the supply chain management for medicines to be mainstreamed and easy for monitoring and evaluation. MeTA Zambia participated in the establishing of the national strategy to have Medical Stores Limited take the expanded mandate through participating in various meetings.

One of the major chains in the effort by government to increase access to essential medicines by the vulnerable, women and children has been to decentralize distribution of medicines. The government with support from Cooperating Partners has started establishing regional hubs, which are being used as distribution point for the last mile approach. This approach ensures the all service delivery points (health facilities) are accessed by Medical Stores directly removing any barriers which may arise if there was a third party involved, like the district. The government has since opened two regional hubs in Choma and Chipata districts.

The road map is already in place to rollout to other zones within 2014 and 2015. Once this is completed the following outcomes are expected;

- more responsive system to the needs of the population will be in place,
- the overall storage space will be increased through hubs, and
- Improved information management will be in place to support management of the national supply chain especially during forecasting, and quantification.
- Advancement in attaining universal health coverage will be made

In this new set up of the national supply chain management, there is need for promoting Good Governance for Medicines, and MeTA has a strategic importance in ensuring transparency and accountability procedures are in place. The governance structure for Medical Stores Limited has identified the role of various stakeholders and Civil Society Organizations do have a role in this new dispensation.

The Churches Health Association of Zambia (CHAZ) is also involved in medicines supply management as a complementary service (about 20 – 30%) to the government supply system. In addition CHAZ with support from Cooperating Partners mainly - The Global Fund - do run antiretroviral therapy and malaria treatment programs which include procurement, storage and distribution. This role has been pivotal in reaching out to most remote places in the country contributing to increased access to essential medicines by the vulnerable, women and children (The Global Fund, 2012).

The Zambian private health sector was reported to be one of the smallest in the world with no more than 10 - 15% of the total health care services In 2009 there were no more than 70 registered pharmacy retail outlets, 80 pharmaceutical importers/wholesalers, 300 private (dispensing) clinics (1 to 2 doctors), private health insurers with no more than 30.000-50.000 people privately insured, six officially registered manufacturers of which only 3 were operational with a very limited product portfolio. As of September 2013, there were 105 registered retail pharmacies (increased by 35), 89 pharmaceutical importers/wholesalers (increased by 8) and 5 registered local manufacturers, a reduction by one was recorded for manufacturers (Pharmaceutical Regulatory Authority 2013). This situation is a worrying one as the country is heavily depending on imports for it essential medicines, and this may results in reduced access due to long lead times for deliveries of medicines.

Private health insurance schemes with not more than 30,000 to 50,000 people insured mostly as company and NGO employees and their families. Insurers were reported not to be making profit mainly due to overpriced medicines that was accounting for the largest part of reimbursement (50-60%). Premiums were age dependent to an average ZMK2million or USD400 per person insured (in consultations and medicines). Zambia is now working on developing a National Social Health Insurance with the aim of improving health financing

and increasing access to essential medicines as the nation is striving to attain universal health coverage. MeTA has an opportunity to contribute to advocacy around this important policy shift by government which aims at improving the health status of all Zambians especially the poor.

Although there has been an increase in the presence of research based multinational enterprises, none has established manufacturing plants and are represented by local agents or tendered directly due to a very small private market.

Importers of medicines or raw materials have to wait for 179 days or approximately 6 months before they can fully recover the initial investment with profit on full transaction. With interest rates at 25% at that time, delay could have been costly to finance purchase, method normally used to finance working capital. However, interest rates have reducing in the recent past, as monitored on Bank of Zambia daily reports (Bank of Zambia, 2013).

MeTA Zambia

Medicines Transparency Alliance (MeTa) is an alliance of partners working to improve access to medicine through transparency and accountability in healthcare marketplace. The UK Department for International Development (DFID) is providing initial funding to the project. Other partners include governments, global and national civil society organisations, pharmaceutical and other business interests, the World Health Organisation and the World Bank. The phase 2 of the pilot project is being implemented in seven countries that include Kyrgyzstan, Philippines, Peru, Jordan, Ghana, Uganda and Zambia.

MeTA Zambia is a multi-stake holder initiative involving the government, private sector and civil society organisations and cooperating partners whose ultimate goal is to improve health outcomes for low income and disadvantaged people in Zambia through the following objectives.

- Increasing transparency in the selection, regulation, procurement, distribution, supply and use of essential medicines.
- Improving equitable access to affordable essential medicines.

The Zambia MeTA focus is to strengthen the country's capacity to collect, analyse and disseminate data on the medicines' prices, and supply chain management to facilitate improvements at the various stages and systems in the supply chain management of essential medicines. The aim of the interventions is to contribute to increased access to essential medicines through increased transparency and accountability at all stages in the supply chain for essential medicines.

MeTA Zambia was launched on 31st March 2009 following an agreement initially signed between MeTA international secretariat (UK) and the Ministry of Health accepting MeTA principles while a Memorandum of Understanding was later signed between TIZ, MeTA Zambia Council and MeTA International which facilitated the disbursement of funds.

MeTA Zambia is made up of Ministry of Health (MoH), including quasi government institutions such as Medical Stores, Zambia Medicines Regulatory Authority formerly the Pharmaceutical Regulatory Authority, Civil Society Organisations and the private sector involved in the manufacture and supply of medicines.

Evidence Base for the Communication Strategy

In developing this strategy evidence has been drawn from studies and position papers that were commissioned by MeTA under the pilot phase and lessons learnt in experiences of implementing pilot activities. Interviews were also conducted with some key informants. In addition, presentations made by a number of MeTA stakeholders made at the TRIPS meeting were reviewed and relevant information has been included in the strategy.

- i. The Disclosure in the Zambian Pharmaceutical Sector April 2010
- ii. Pharmaceutical Sector Mapping Report December 2009
- iii. Challenges Faced by Local Pharmaceutical Manufacturers in Zambia May 2010
- iv. Medicines Prices Component in the Public, Non-Profit and Private Sectors in Zambia
- v. Position Paper: Illegal Drugs and The ADDO Model of Tanzania
- vi. Discussion Paper on Counterfeit and Substandard Medicines

Communication Goal and objectives

The Goal of the MeTA Zambia Communications Strategy is to ensure that stakeholders and the public at large fully understand the MeTA principles, the medicines' supply chain management and Policy issues. This will assist in advocating for wider participation in influencing government policy agenda to improve transparency and accountability in regulation, selection, procurement and distribution of medicines.

Communication is a critical facilitator for citizens to appreciate the policies and programmes of the government in the medicines supply chain and in the same vein for citizens to take up an active role in ensuring that transparency and accountability prevails in the health system.

Objectives of the Communication Strategy

- ii. The core objective of the strategy is to ensure transparency and accountability in the regulation, selection, procurement and distribution of medicines
- iii. Promote citizens' right and access to information on Medicines;
- iv. Increase citizens' awareness, knowledge and appreciation of the Medicines Supply chain management in Zambia and related issues;

- v. Facilitate citizen and stakeholder participation in Health programs and governance processes;
- vi. Increase citizen, stakeholder and media capacities as watchdogs and whistle blowers of corruption and malpractices that tend to affect Health service delivery with special emphasis to medicines supply chain management.
- vii. Facilitate in building citizen coalitions through focus groups and networks to support Health programmes.
- viii. Encourage the disclosure in pricing of medicines at all levels, i.e. private sector including manufacturers, wholesalers, retailers, private clinics and hospitals. The public sector should also allow access to information on medicine procurement prices.
- ix. Ensure that information on medicines quality, efficacy and availability is disclosed to the public by both the Government and the Private Sector
- x. The overall objective of the Communications strategy is to support the Medicines Transparency Alliance Council (MeTA Zambia Council) and Secretariat to communicate awareness about the alliance and its implementation to various stakeholders and the general public as best as possible.
- xi. Ensure regulation of essential medicines has the interest of increasing access to quality assured essential medicines, through regulating product registration in the country, registration of premises and post market surveillance is working to safer guard consumers

The specific objectives of the strategy are as follows:

Support communication of the MeTA Zambia principles, process, mandate, gains, results and implementation process to:

- i. Enhance its understanding as a genuine and effective alliance for transparency and accountability in the Pharmaceutical industry.
- ii. Enhance public understanding and appreciation of the Medicines chain.
- iii. Address issues of perception and benefits of MeTA principles and process.
- iv. Promoting local ownership of MeTA Zambia and its process
- v. Engage the media to enhance its understanding of the MeTA principles and to ensure objective dissemination of the process.

Stakeholders Analysis

For the purposes of this communication strategic plan, a stakeholder is defined as a body, a group or individual who has an interest or concern (a ‘stake’) in the work of MeTA. Thus the Communication strategy is targeted at all stakeholders involved in the MeTA Zambia process.

This is the first communication strategy for MeTA. To have the desired impact there is need to identify priority stakeholders. From the studies and position papers reviewed the stakeholders have been identified based on the following considerations:

- i. Which stakeholders have the most critical role to play in promoting transparency and accountability in the management of the national supply?
- ii. Which stakeholder groups need more attention in order to develop or maintain effective working relationships between them and MeTA Zambia?

The public seem to emerge as MeTA Zambia primary stakeholder as they are the ultimate beneficiary for MeTA efforts. However, the public is big and diverse hence the need to identify representative stakeholder groups to serve as ‘enablers’ in implementing MeTA communication activities

Primary Stakeholders	Public
Enablers	<ul style="list-style-type: none"> • Ministry of Health • Ministry of Commerce • Ministry of Community Development, Mother and Child Health • Churches Health Association of Zambia • Pharmaceutical Regulatory Authority • Private Pharmaceutical Industry (Pharmaceutical Business Forum) • Professional bodies • Civil Society (Transparency International) • Patient groups (TALC) • Media – Electronic and Print

xii. Primary stakeholder: The Public

The public are MeTA’s main and probably most important stakeholder as they are the target for the benefits of increasing access to quality assured essential medicines through increasing transparency and accountability for medicines supply chain management. It is also usually the public who, as patients and care givers, make the final decision about access to health

services including medicines. They are helped by health professionals in making choices, but it is the patient who benefits from increased access to essential medicines.

The overall aim for the public may be that they should be able to seek and find with ease trustworthy information which helps them access quality affordable medicines, to assist them maximize their health status.

xiii. Enabler: The Ministry of Health

The Ministry of Health (MOH) is a very important stakeholder, because it is responsible for financing, procuring and promoting appropriate use of medicines. Transparency in the procuring process will not only reduce cost, but will also ensure timely access to medicines and value for money for the government's investment in health care delivery.

xiv. Enabler: The Zambia Medicines Regulatory Authority (ZAMRA)

The Zambia Medicines Regulatory Agency (ZAMRA) is an important MeTA stakeholder because all medicines and premises where pharmaceutical business is conducted are regulated by the authority. Therefore, a transparent regulatory process will ensure that only medicines of high quality are authorized on the Zambian market. Through pharmacovigilance activities, the nation will be safe guarded against unwanted effects of medicines, as unwanted effects will be detected early during post market surveillance of medicines in the country.

xv. Enabler: Healthcare Professionals

MeTA also recognizes that in reaching to the Zambian people, it is difficulty to communicate effectively with every individual. Health professionals need to understand and value the importance of transparency, accountability and disclosure in the management of essential medicines' supply chain and the benefits. Health professionals are the drivers of the health care and will have to play a vital role in increasing trenchancy and accountability of essential medicines throughout the supply chain.

xvi. Target audiences/stakeholders

The *external audiences* of the communications strategy include:

- The general public
- Members of Parliament
- Traditional Leaders
- Local and International Media

The *internal audiences* of the communications strategy include:

- MeTA Zambia Council

- MeTA Zambia Forum
- The international Secretariat
- Civil Society Groups
- Healthcare professionals
- Zambia Medicines and Allied Products Authority (ZAMRA)
- The pharmaceutical industry (manufacturers, wholesalers, and retailers)
- Professional membership bodies
- The Government (Ministry of Health, Ministry of Commerce, Ministry of Community Development, Mother and Child Health)
- Patient groups and their representatives
- Private Practices
- Health Insurance companies
- Cooperating Partners

Desired/Expected Outcome

The strategy is expected to achieve the following outcomes:

- Promote a recognizable and unique MeTA Zambia brand
- Increase outreach in Zambia through media coverage; Radio and Television programs, newspaper articles, posters and brochures.
- Enhance media understanding of MeTA Zambia principles and process through capacity building workshops.
- Enhance public understanding of the MeTA Zambia processes, through the media, district focus groups and community workshops.
- Website designed and running for dissemination of information
- Media kit developed and produced.
- Online newsletter developed.
- Increased awareness of the MeTA Zambia principles and process among the stakeholders

Key messages

A common vision will be communicated by messages that are tailored to the different audiences and modes of communication. The content will be related to:

Transparency and accountability

- i. Transparency and accountability in Public Procurement of Medicines and allied Products (Ministry of Health and Medical Store Limited)
- ii. Transparency and accountability in Pricing of medicines in the private sector supply chain (Pharmaceutical Manufacturers, Wholesalers, Retailers, private clinics and hospitals, health insurance schemes)
- iii. Transparency and accountability in Product Registration Process by ZAMRA
- iv. Transparency and accountability in sharing key information on pharmacovigilance issues as reported to ZAMRA

Public awareness related to access to quality affordable medicines

- v. Importance of accessing medicines through registered premises
- vi. Avoid buying substandard and counterfeit medicines especially when essential medicines are accessed through unregulated facilities
- vii. Promote general population accessing professional counselling on appropriate use of medicines
- viii. Promote use of generic medicines as they are cost effective as per WHO recommendations
- ix. Medicine prices vary depending on location of pharmacy, high cost locations usually more expensive (urban areas) but medicines in rural unregistered premises may be more expensive than urban areas, made this information available to the public.

xvii. Advocacy /lobby:

- i. Removal of duty on pharmaceutical expients and associated packing material. This will lead to social and economic benefits through strengthening manufacturing base in Zambia. The end results will be FOREX being saved as the country will import less of essential medicines, lead time will be resulted as medicines will be produced locally. Access is a function of pricing therefore this initiative may lead to reduced prices for locally produced medicines. The country is at a stage where employment creation is vital and the pharmaceutical industry has the potential to create jobs and assist in growing the economy. Advocate for formulation of Pharmaceutical Industrial Policy to develop Local Manufacturing
- ii. Regular meetings with officials in key line Ministries of Health, Community Development, Mother and Child Health and Ministry of Commerce and Industry seeking MeTA Zambia's involvement in government programmes to ensure Civil Society Organizations participation is high on the government agenda to promote Good Governance for Medicines
- iii. Lobby Members of Parliament on the application of CDF in their districts to promote Good Governance for medicines management at the community level.
- iv. Engage CSOs at national, provincial and district levels on health issues and MeTA principles

- v. Review of annual product retention fees to allow access to low volume, low value vital medicines to be readily available
- vi. Inclusion of TRIPS flexibilities in the Intellectual Property Laws

Communication Channels

A number of communication channels are available to communicate the messages about MeTA Zambia. Therefore, various communications will be used to suit the message and target audience as follows:

xviii. MeTA Zambia Secretariat

The secretariat will be used as a point of communicating and disseminating information on the MeTA process. The secretariat is centrally located and will operate an open door policy which will make it easily accessible to the public.

The secretariat reports to the executive and the MeTA Council.

xix. The Executive and the MeTA Council

The two institutions will provide support to the secretariat to effectively implement the Communication Strategy and the MeTA Zambia Work plan.

xx. Government

The role of the government line ministries of health is to provide resources to support implementation of the communication strategy.

Government should participate in media programmes such as on T.V and Radio programmes, and offer interviews to both local and international press.

xxi. Civil Society Organisations

The role of civil society organizations is to genuinely participate in the dissemination of information on medicines, design, and monitoring and evaluation tools of the Communications strategy and contribute to public debate.

Their role will be played out at the national level as well as the district level through focus groups. In some instances focus groups will be extended to Parliamentary Constituencies so as to get closest to the people and communities.

xxii. Pharmaceutical Companies

The role of Pharmaceutical companies is to support the implementation of the Communication Strategy and contribute to public debate about medicines. They should actively be involved in MeTA Zambia programmes and be ready to spearhead activities such - Disclose pricing of medicines, campaigns against counterfeits and substandard drugs.

The Media

xxiii. Contact Database

Although it has become almost standard to use email for easy communication, it is proposed to establish a MeTA Zambia contacts database to include other pertinent contacts information in addition to journalists and media institutions. Such a contacts database once its structure and categories have been designed needs to be constantly updated and managed in a manner which allows for the provision of quick results upon specific requests.

All MeTA Zambia communication shall be directed to the relevant target audiences through the appropriate means. This will ensure that MeTA Zambia can send out “targeted” communications to one or several pre-defined target groups. This database could take a form of a web address book list where public information could be posted to many contacts for easy reference.

The Media Kit

An easy-to-ready media kit should be produced to ensure that appropriate information on MeTA Zambia is readily available for distribution to media representatives and at various occasions such as events, targeted dispatch and upon request.

This should be more enriching than a brochure and should capture other background and global developments in MeTA Zambia implementation to keep the local media at speed with emerging issues and trends in the implementation of the initiative. The media kit should take into account the following;

- Vision
- Mission
- Principal aims
- FAQ’s etc.

xxiv.

Press Conference

Considering that the “Reconciliation report” will be a special event it is recommended that a “Press Conference” be held immediately after the release of the report. The press conference will be followed by a “Questions and Answers” session.

The press conference will be attended by a representative of each stakeholder sitting on the council (Civil society, government, pharmaceutical sector).

In most cases to communicate to the media and public it is suggested that the national executive of MeTA Zambia use a “Press Release” and “Press Statement”. Press releases could be served as media alerts since most local news outlets today have internet access. For important events, “Press Circulars” could be distributed through similar means to have journalists informed about the nature of the event ahead of schedule.

xxv. TV and Radio Programs

Panel discussion programs will be held explaining in more details the reasons for MeTA Zambia. TV discussion programs, a documentary and radio programs on each community Radio station in all the nine provinces.

The panellists on these TV and radio programs will include Government, MeTA Zambia Council members, pharmaceutical companies, civil society, donors and the general public.

The programs will feature on Zambia National Broadcasting Corporation (ZNBC) TV and MUVI TV, radio Phoenix in Lusaka Province, Sun FM and radio Ichengelo on the copperbelt province, Breeze FM in Eastern province, Sky FM in southern province, radio Mano in Northern province, Kabangabanga and Solwezi radio in North-western province, radio Lyambai in western province, radio Yangeni in Luapula province and radio Maranatha and Mkushi in central province. This is to ensure that the messages reach all the nine provinces of the country as possible.

Cognizance shall be taken of comments made to address areas not sufficiently addressed. In that case, new recordings may be made to address those areas.

By all measures radio is the most effective and far reaching-reaching medium of information dissemination in the country, a rapid rise in the growth of private radio station in the capital Lusaka and a commitment by the donor to funding the growth of electronic media in Zambia has seen the rapid rise in community radio stations. The value of community broadcasting is that, messages are tailored to the specific needs of the community and communicated in local

languages(including Vernaculars) mostly spoken by residents of those communities where there are high levels of illiteracy.

xxvi. Posters

A number of posters will be developed for placement at strategic points and in institutions such as CSOs, hospitals, companies - to basically announce the MeTA in Zambia. The posters will be big and colourful enough to attract members of the public. In this regard, a graphic designer will be engaged for the purpose. However messages will be developed at an appropriate stage.

xxvii. Brochures

Plan for MeTA Zambia Brochure – appropriate title, contents (general topic areas, issues), circulation (print, soft copy, etc) target audience, feedback

We propose that several brochures should be produced. Some will be developed from the research to highlight the findings while others will be developed in consultation with specified stakeholders

- i. Illegal drug stores – MeTA Zambia should work closely with ZAMRA in promoting the proposed Health Shops. The brochure supplement ZAMRA’s efforts rather than be independent of it
- ii. Counterfeit and Substandard Drugs – MeTA Zambia should engage all stakeholders – local manufacturers, importers/whosalers, professional bodies in developing this brochure
- iii. Local Manufacturers – this brochure can easily take the name of the research as its title – i.e. Challenges facing local manufacturers – this would target MPs, government ministers and officials in the key line ministries. This can be used during meetings and other engagements/dialogue with these ministries
- iv. Disclosure Survey – This brochures should target the private sector especially importers, retailers and private clinics and hospitals.
- v. Private Sector Mapping – The title for this brochure would need to unbundle the message to target CSOs in the advocacy on development of a vibrant pharmaceutical sector.

xxviii. Newsletters

Newsletters are a good public relations material for organizations, but in most instances, they are read by a few groups of people since their circulation is targeted to specific institutions

and individuals. Due to cost and desire for impact, it is proposed that a monthly internet based newsletter be used to reach the same group of individuals targeted for newsletters given the assumption and likely possibility that most people today have email addresses and check their mails routinely.

This will also enhance wider circulation to the international media.

xxix. Print Newspaper

Zambia has a high illiteracy rate. Even amongst the minority literate, there's a poor reading culture, newspapers are therefore not widely read, partly due to the quality of most newspapers and because in most cases these newspapers focus on political rather than developmental stories.

It is recommended that at least one newspaper article every month will be written and carried in a widely circulated daily newspaper. It is also expected that a number of newspapers articles will emerge after report and from discussions during TV and radio programs and press conference.

xxx. Media Workshop

In order to achieve the results of good working relations with the media, it is proposed that workshops for a sizeable and relevant number of economic and business journalists be held.

This relationship will guarantee a mechanism for feedback and instant redress in case of ethical problems arising from the conduct of any journalist working on the coverage of MeTA Zambia programs. It is instructive to note, that the proposed strategy does not seek to prevent the coverage of any journalists not involved with the training. It is simply intended to amplify and enforce information on the initiative of the media.

A media forum will also be called to help the media discuss and highlight issues on the MeTA. This will have a panel of experts on the MeTA Zambia process as discussants.

In addition MeTA Zambia literacy workshops will also be conducted in selected provincial centres. These workshops will be a combination of various stakeholders including traditional leaders, ordinary people and civil society.

xxxi. Road Shows

Road shows are a means of reaching out to the people in the various parts of the country to disseminate and create awareness about the MeTA process in Zambia.

xxxii. Website

A website will be developed to highlight the objectives, mission and vision of MeTA Zambia and the work of the secretariat. It will give an overview of the progress in implementing the MeTA process in Zambia and will cover both local and international news on the MeTA process.

Monitoring and Evaluation

Monitoring and Evaluation will be conducted to determine the access to information on MeTA Zambia by the public and other stakeholders. It will assess the public's and stakeholder knowledge on how the pharmaceutical sector operate and the efficiency of the medicines chain. This result will provide a baseline to track the impact of the ongoing communication initiatives and evaluating public response to the process.

Where possible a consultant may be hired to support the implementation of the MeTA Zambia activities stated in the Communications Strategy. As this would require mobilization of resources and use of diverse expertise the consultant would support MeTA Zambia in identifying competent communication specialist that would drive the long-term implementation of the proposed activities and oversee performance monitoring and evaluation.

xxxiii. Committee reviews

The impact of the Communication strategy will first be evaluated on a monthly basis by the Communications sub- committee to ensure that remedial measures are made. The modes of evaluation will be through discussion of the activities preceding the media programs and after. In evaluating the impact of messages the committee will pay attention to the following:

- a) Choice of media;
- b) Public reactions (perception);
- c) Timing of placement of messages; and
- d) Appropriateness of message (listening to programs on radio, TV or reading newspapers, does it immediately send the intended message?)

xxxiv. Executive Committee Reviews

This will review what the Communications Committee has done and will act as quality control and efficacy in the use of the various media.

xxxv. MeTA Zambia Council Review

The MeTA Zambia Council will review, adopt and approve v channels of communications and how this is used by MeTA Zambia specifically and generally.

Summary of Activities

xxxvi. Posters, brochures, leaflets and newsletters

- i. Graphic designer
- ii. Printing

xxxvii. Website

- i. Development
- ii. Hosting
- iii. Maintenance
- iv. News and photo and video updating

xxxviii. Media Kit and its contents

- i. Graphic Designer
- ii. Printing

xxxix. Media workshop/forum and MeTA Zambia community literacy workshop

- i. Conferencing facilities
- ii. Transport Allowance
- iii. Resource persons
- iv. Communication/equipment
- v. Stationery

xl. Radio programs – National and Community

- i. Presenter
- ii. Radio airtime
- iii. Research
- iv. Production

xli. Television program

- i. Presenter
- ii. Television air time
- iii. Research
- iv. Production

xlii. Television documentary

- i. Camera/cameraman
- ii. Narration
- iii. Editing facilities/editor
- iv. Transportation/communication/accommodation
- v. Postproduction (DVDs/mini dv cassettes)
- vi. Television airtime

xliii. Press conference

- i. Video camera hire/cameraman/filming
- ii. DVD's/MINI DV
- iii. Venue

xliv. Video Record and Archive

- i. Video camera and camera man
- ii. External Drive

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- i. MeTA Communication Toolkit: How to develop a communication strategy
- ii. Medicines and Healthcare products Regulatory Agency Communication Strategy
- iii. A Field Guide to Designing a Health Communication Strategy
- iv. How to improve use of medicines by consumers WHO 2007
- v. Successful Communication – A Toolkit for Researchers and Civil Society Organizations Ingie Hovland October 2005
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Appendix I: List of studies and papers reviewed

- i. The Disclosure in the Zambian Pharmaceutical Sector April 2010
- ii. Pharmaceutical Sector Mapping Report December 2009
- iii. Challenges Faced by Local Pharmaceutical Manufacturers in Zambia May 2010
- iv. Medicines Prices Component in the Public, Non-Profit and Private Sectors in Zambia
 - a. Position Paper: Illegal Drugs and The ADDO Model of Tanzania
 - b. Discussion Paper on Counterfeit and Substandard Medicines

Appendix II: Persons interviewed

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