Optimising use of antibiotics – a behaviour change project in Kenya and India
Unpacking the challenge of AMR

Many Health Care Professionals and patients are contributing to the misuse of antibiotics, in different ways.

*AMR – antimicrobial resistance
What we learned

Self medication
Patients frequently take antibiotics without a prescription, unaware of the risks to their own health. They drive up demand.

OTC Availability
Pharmacies represent a bulk of unsafe provision, but they are unregulated businesses. Majority of the staff are shop keepers driven by sales, not pharmacists.

Unofficial provision
Healthcare workers who are not strictly allowed to provide antibiotics do so at their discretion, without the education to understand the damage they can do.

Pressure
Doctors feel the need to provide medication to justify their consultation fees. They prescribe antibiotics even when they are not confident they’re needed.
Takeaway:
Different approaches are needed for different players, because the drivers of over-provision are varied.
Doctors are open to positively changing their behaviour around antibiotics, because they care about patient outcomes.
What we learned

**Duty of care**
They recognise that they play a role in tackling the issue of AMR and are seeing resistance rise in their communities.

**Confidence**
They aren’t always confident when prescribing antibiotics - they lack facilities and training to support a clear decision, especially around infections.

**Guidelines**
They may have learned guidelines long ago, and find them hard to recall or apply in practice.

**Mis-prescriptions**
Doctors told us that they mis-prescribe for a variety of reasons - see below.
Opportunity landscape

3 types of doctor mis-prescription

**Misguided**
When doctors (wrongly) think antibiotics are needed due to a lack of education/training

**Loyalty**
When doctors don’t think an antibiotic is needed but give one out of fear of losing the patient

**Just in case**
When doctors don’t yet see signs of bacterial infection but give an antibiotic in case one develops

Takeaway:
From a behavioural perspective, doctors present a strong starting point; they tell us they mis-prescribe and can recognise their own over-prescription as part of the issue of AMR.
Strengthening the relationship between doctors and patients is what will motivate adoption of a behaviour change tool.

Identifying the motivating factor: loyalty
What we learned

Co-creation
This approach helped us understand what signifies being a good doctor; reputation for good clinical care and returning patients.

Competition
We tapped into what matters to doctors most - loyalty. Our concept has to make them more competitive than the clinic across the street.

Feeling followed up
Spending time with patients helped us to design the service elements that would make them feel cared for; follow-up advice and reminders.

Desirability
Making doctors excited to adopt the tool that will change their practices is the starting point.
Building a stronger relationship

Takeaway:
Motivating doctors to change their behaviours requires us to present the opportunity not as ‘an intervention’ but as a way to make them more successful.
Now that we’ve gained permission to be present in the moment of prescription, we can influence its accuracy.
What we learned

Support confident decisions
We have developed a system to guide, rather than dictate, decisions around antibiotic prescriptions.

Take adjacent opportunities
A prescription links through to patients and pharmacies, so there are other chances to influence behaviour that we have learned about and designed for.

Combine multiple moments
To change behaviour in one system, to have a disproportionately higher impact in relation to changing doctors’ workflow.

Continuously learn
A digital system collects data about usage, behaviour and points of optimisation; These opportunities can be implemented over time.
Unlocking a system of change

Takeaway:
Designing a system that users trust and want to use means we can further explore ways to experiment and learn alongside them.