

Optimising use of antibiotics – a behaviour change project in Kenya and India

IDEO

x



IDEO.ORG

x



1

Unpacking the challenge of AMR

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

*AMR – antimicrobial resistance



1

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.

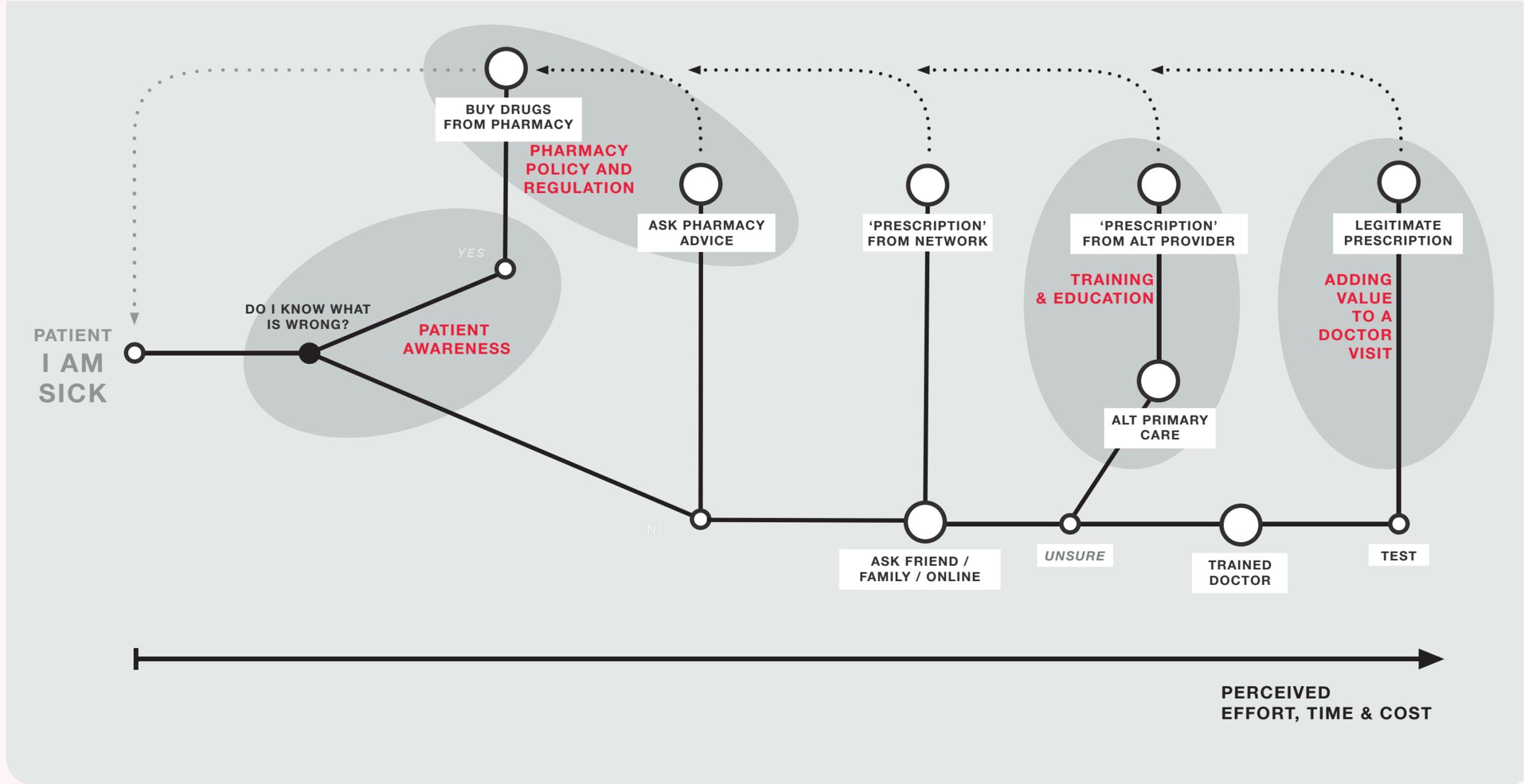


Pressure

Doctors feel the need to provide medication to justify their consultation fees. They prescribe antibiotics even when they are not confident they're needed.

1

Opportunity landscape



Takeaway:

Different approaches are needed for different players, because the drivers of over-provision are varied.

2

Selecting our user focus: Doctors

Doctors are open to positively changing their behaviour around antibiotics, because they care about patient outcomes.



2

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.

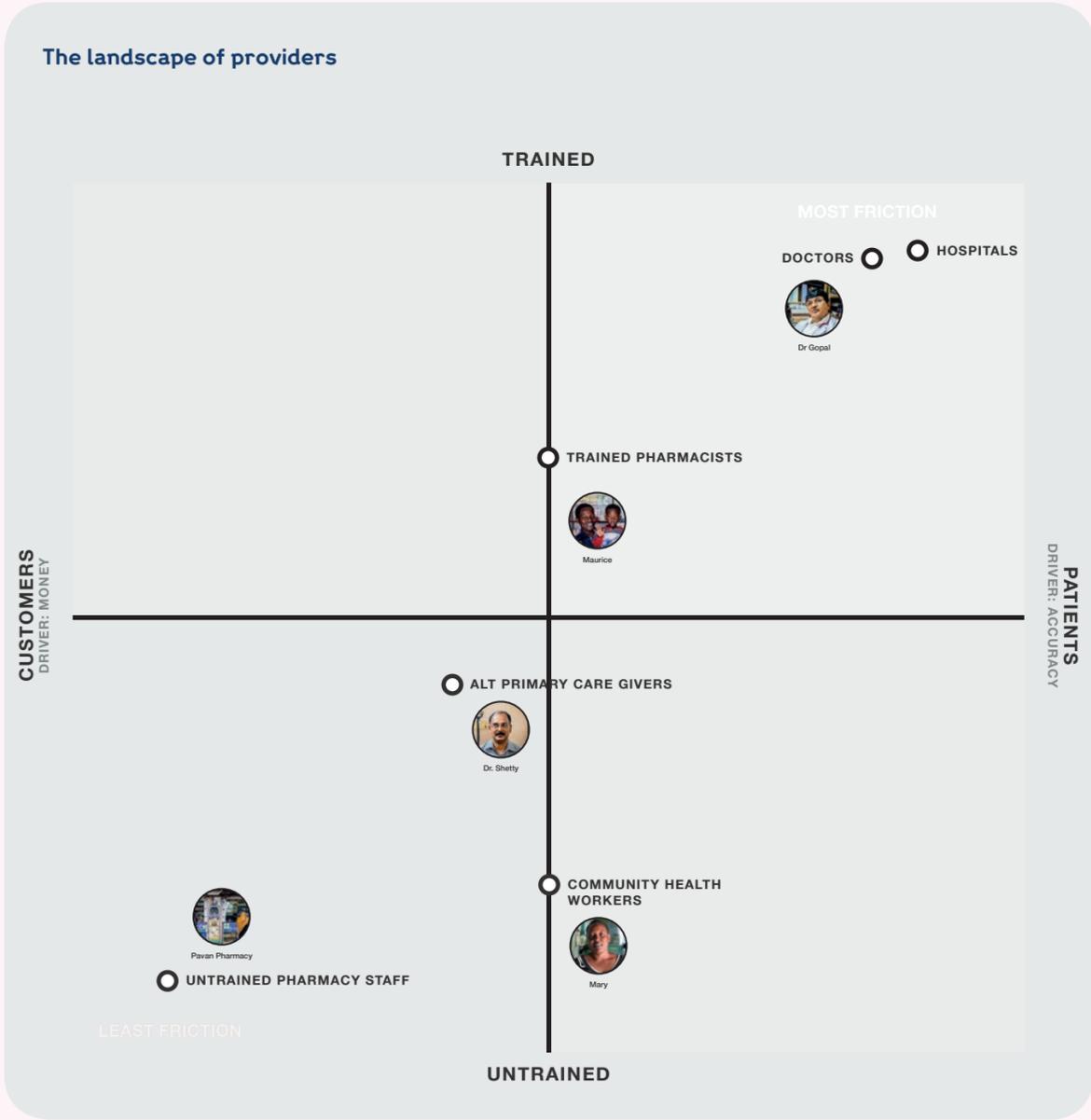


Mis-prescriptions

Doctors told us that they mis-prescribe for a variety of reasons - see below.

2

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.

3

Identifying the motivating factor: loyalty

Strengthening the relationship between doctors and patients is what will motivate adoption of a behaviour change tool.



3

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.

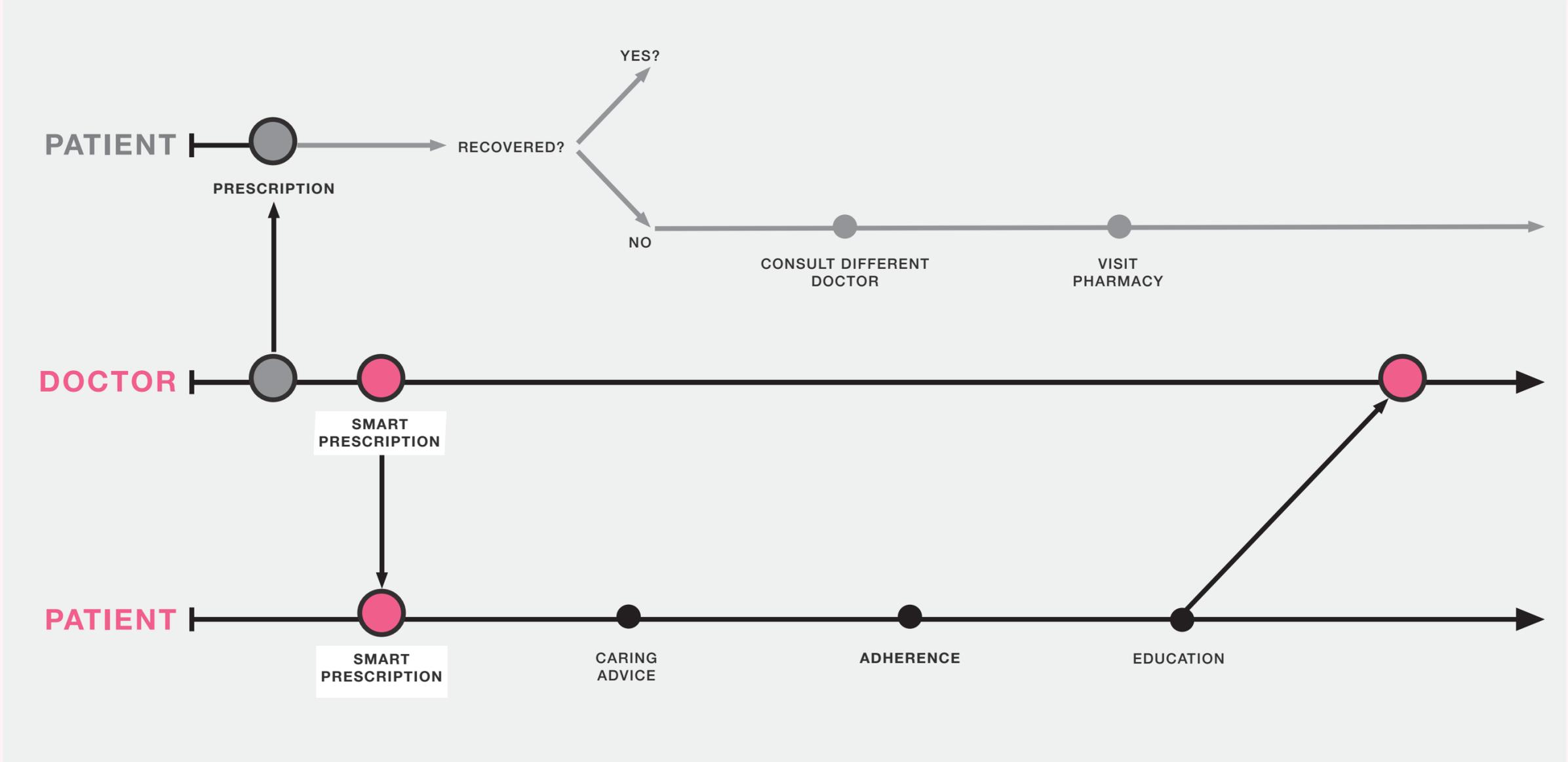


Desirability

Making doctors excited to adopt the tool that will change their practices is the starting point.

3

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.

4

Identifying the moment to redesign: prescribing

Now that we've gained permission to be present in the moment of prescription, we can influence its accuracy.



4

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.

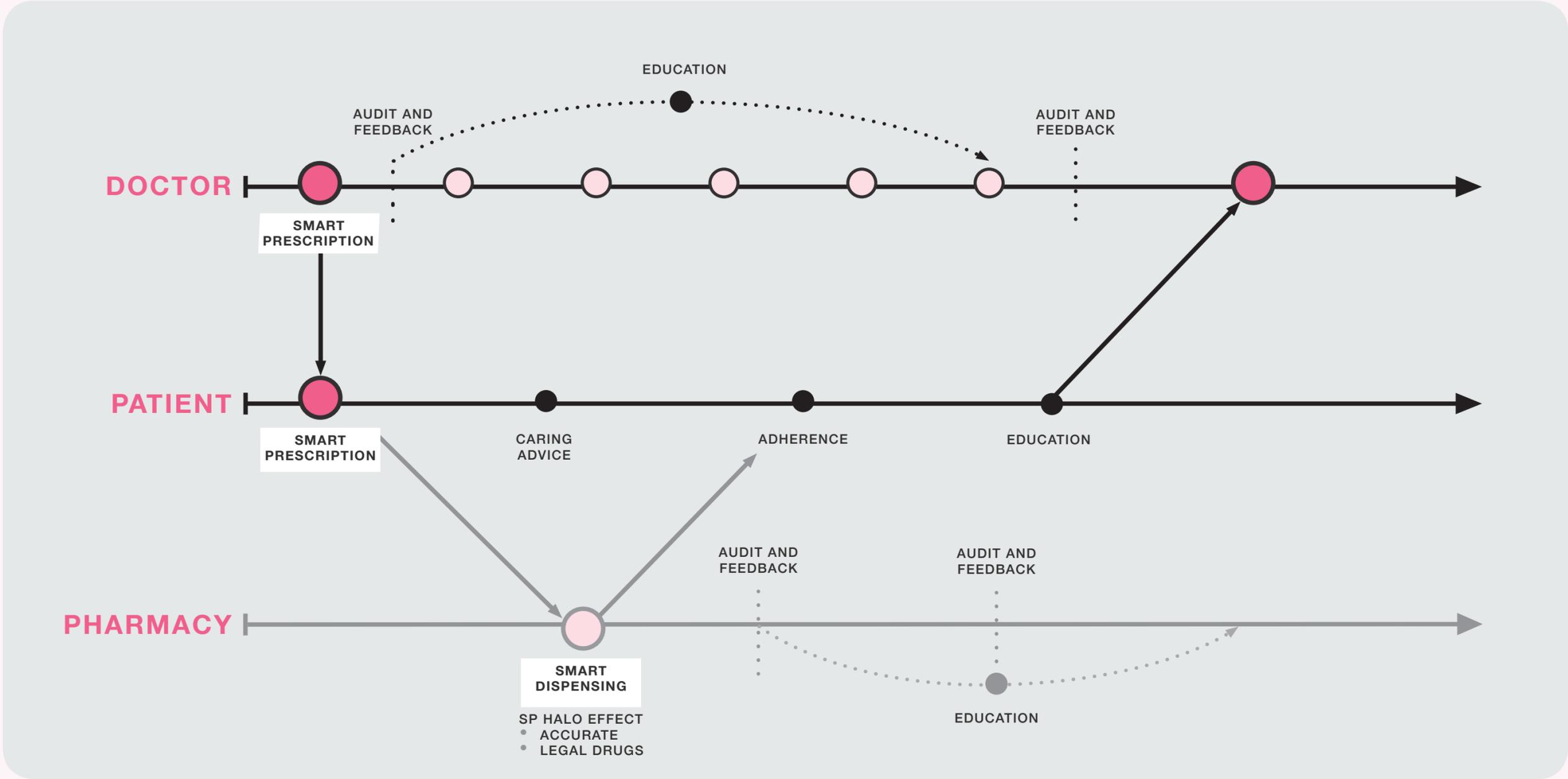


Continuously learn

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

4

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.

IDEO

x



IDEO.ORG

x

