

PDHBA-525
25042

PROPOSAL FOR LIMITED INTERVENTION
IN JORDAN

A Report Prepared By PRITECH Consultants:
PETER L. SPAIN
CAMILLE SAADE

During The Period:
JANUARY 7 - 20, 1989

TECHNOLOGIES FOR PRIMARY HEALTH CARE (PRITECH) PROJECT
Supported By The:
U.S. Agency For International Development
AID/DPE-5969-Z-00-7064-00

AUTHORIZATION:
AID/S&T/HEA: 11/6/89
ASSGN. NO: STP 009-JO

Proposal for Limited Intervention in Jordan

PRITECH

Peter L. Spain and Camille Saade

January 1989

Background:

The efforts in Jordan for the control of diarrhea diseases go back at least to 1980, when USAID invited Dr. David Nalin to Jordan to introduce new concepts for diarrhea management using oral rehydration therapy. An immediate result of this visit was the establishment of an ORT unit in Al-Bashir Hospital, the main government hospital in Amman. A cholera epidemic in 1981 decisively demonstrated the efficiency of ORT as compared to other therapies. Since then, Jordan's CDD activities have steadily accelerated - a growth documented by Pritech staff member Deborah Blum, M.D., in her report following a visit to Amman in April 1988. Most pertinent in Jordan's CDD history have been the start of local production of oral-rehydration solution by Al-Hikma Pharmaceuticals in July 1987 and the extensive public-education campaign during the summers of 1987 and 1988 in support of the local ORS product, which is called Aquasal. Both the ORS production and the public education about ORS have been underwritten by UNICEF.

The Ministry of Health's CDD program has introduced ORT to public-health facilities, though the government has not yet promulgated an explicit policy on diarrhea case-management. The MOH has been pushing hard to ban all import and production of pediatric anti-diarrheals and antibiotics specific for diarrhea, in accord with recent WHO/EMRO advisories. This ban, while not yet complete, has greatly reduced the availability of these useless and often harmful drugs from Jordanian pharmacies.

The most telling statistics available about the Jordan CDD situation comes from a June 1988 WHO Program Review, which reports an under-five mortality rate from diarrhea of only one per 1000. This is down from the five per 1000 rate found in a late 1985 survey. Jordan can be proud of these gains.

What challenges now is to consolidate these gains, and to continue to push proper diarrhea case management at all levels. There are certain potential threats on the horizon that might cause the program to slip back if pressure is not maintained to control diarrheal disease. These include:

- the upcoming integration of the MOH CDD program into the other child-survival programs of the Ministry, such as Maternal and Child Health and the Expanded Program on immunization. While the CDD program has been a vertical program, its visibility has been heightened not only at the central level, but also at the level of the seven governorates. Reorganization should not imply that efforts can be slackened.
- UNICEF's support for the summer media campaign of 1987 and 1988 will continue through 1989 and 1990, and then stop. Evaluation of this campaign has been very encouraging (MOH/UNICEF, 1988). Its disappearance should not imply that ORS needs no further promotion among the public.
- The current devaluation of the Jordanian dinar means that imported raw materials used by AL-Hikma in the production of Aquasal have increased in price, up 40%. Al-Hikma has not realized much profit anyway from Aquasal because of its low price; the impact of the dinar's fall must be monitored to ensure that Aquasal continues to be available in Jordan.
- Al-Hikma and UNICEF have run some seminars for private pharmacists and physicians, but both Al-Hikma and UNICEF acknowledge a need for more to be done. The picture today of the Aquasal market is that the "pull" from the public is greater than the "push" from pharmacists and physicians. Aquasal, being low in price, runs counter to the profit incentives of the pharmacist, and the physician, who charges his professional fee, is often reluctant to prescribe Aquasal, a product promoted on TV that is very cheap at a pharmacy or free at a MOH facility.
- The training for future doctors, nurses, and pharmacists is generally deficient in terms of diarrhea case management, implying a continual challenge for retraining and reorienting health professionals after graduation.

All of these threats, however, can be foreseen and each represents an opportunity. While A.I.D. resources are limited, those that A.I.D. cannot address can still be brought to the attention of UNICEF and other donors to be sure that Jordan continues to reduce morbidity and mortality among its children.

Recommendations:

Pritech recommends two areas for A.I.D. support now, (1) medical education (including education for doctors, nurses, and pharmacists) and (2) promotion of Aquasal among physicians and pharmacists.

1. Medical Education:

The Pritech Technical Unit has just completed, in collaboration with WHO/CDD/Geneva, the production of a complete diarrhea-disease curriculum for medical students. This curriculum, which includes up-to-date technical material and guidance for health professionals in communicating with their patients, represents a resource that can be made available to Jordanian health educators. Lecture materials for professors, student quizzes, readings, visuals - the Pritech materials contain everything that would be needed for a full presentation on CDD. Pritech proposes to send a technical consultant to Jordan to work with health educators here to extract, in whole or in part, from the curriculum whatever materials can improve the local education of doctors, nurses, and pharmacists.

The counterpart for this consultant will be Dr. Kandil Shaker Shubair, Professor of Internal Medicine at the University of Jordan and Director of the University's Center for Educational Development. Dr. Shaker is chairperson of the University's Medical Curriculum Committee, and his Center provides support both in course content and in instructional techniques. The center recognizes that a medical-school professor, for instance, must not only know his subject thoroughly but also be able to communicate that subject skillfully. And taking this one step further, the center recognizes that the medical-school (nursing-school, pharmacy-school) student needs not only to learn his subject but to be able to communicate skillfully with his patients for full effect. Dr. Shaker has welcomed this opportunity to work with Pritech.

Keen interest has been shown by the chairmen of the Department of Pediatrics and the Department of Community Medicine within the Faculty of Medicine at the University of Jordan, and by the Deans of the Nursing Faculty and the Pharmacy Faculty, also at the University of Jordan. In its broad outlines, this proposal was also welcomed by the President of the University, who urged Pritech to work out the details with appropriate deans and chairpersons, and to work through the Center as a point of entree.

We have also discussed this curriculum material with, and have been welcomed by, the Director of the Jordan College of Nursing in Amman and with the USAID-funded team from John Short Associates that is working to strengthen the curriculum of the nursing colleges in Jordan. Additional contacts with the Medical School of the Jordan University for Science and Technology in Irbid and with the two other Jordan Colleges of Nursing, in Irbid and Zarqa, may be initiated in the future, when and if solid progress has been made with these institutions in Amman.

A.I.D. funds from the Bureau of Science and Technology in Washington up to \$15,000 are available for technical assistance in CDD curriculum development, and these funds could support a consultant for 5-6 weeks in-country. We propose that this be carried out beginning early April 1989. If additional time or future technical assistance is called for, USAID funds in the form of a buy-in to Pritech would be called for.

2. Promotion of Aquasal:

This will be a multi-year activity, a three-way arrangement involving Al-Hikma, an advertising firm, and USAID. Pritech will be involved to provide technical review of the material produced, but no external technical assistance is anticipated. USAID will fund this promotion directly, without buying-in to Pritech.

Our discussions with two advertising firms suggest that strong promotional material can be created and produced for physicians and pharmacists for \$32,000 per year, and we recommend a four-year commitment by USAID. A total contract for no more than \$128,000 over four years could be let on a tender basis to a local advertising agency for the production of brochures, point-of-sale materials, educational information, and handouts for mothers, all promoting Aquasal and reinforcing the MOH effort to eliminate dangerous drugs altogether from the diarrhea picture. These materials will be distributed by the Al-Hikma sales force.

We suggest four years (four summer diarrhea seasons in Jordan) because the current Pritech contract runs through August 1992, allowing Pritech to review these materials for their technical content. Beyond 1992, a new Pritech contract is anticipated, but 1992 would be a time for USAID to re-assess this support for the marketing of Aquasal. The attached annex on the private sector gives a full rationale for this intervention.

The tender for this promotion should be published very soon, for materials to be ready for the 1989 diarrhea season beginning in May. Pritech could assist in the review of the proposals received in response to these bids. To save costs, any Pritech participation in this activity, Promotion of Aquasal, could be done from Washington by courier service.

Other Concerns

We noted above some additional threats/opportunities for the Jordan CDD program, to which we wish to suggest some options for USAID.

First, the reorganization of the CDD program within the MOH is something to watch, so that activities do not slacken. In our view, the MOH/CDD as currently constituted does not represent an adequate counterpart for non-resident technical assistance. What is needed is fulltime in-country donor pressure if the MOH/CDD is to define areas of need and make use of donor support to meet those needs. If the MOH/CDD situation changes so that its absorptive capacity for TA is increased, USAID might wish to call upon central A.I.D projects to provide that assistance.

Second, the change in UNICEF's focus after the summer of 1990 may leave a gap that another donor can/should fill. The television campaign has created substantial increases in awareness and use of Aquasal; its disappearance could forfeit those gains. With the messages already produced, USAID could consider underwriting whatever costs are called for to keep these messages on the air; if need be, new messages or revisions might be considered as appropriate. Pritech could respond to a USAID-supported need.

Third, the upward pressure on imported new materials caused by the devaluation of the dinar might discourage Al-Hikma from future production of Aquasal. Al-Hikma already suggests that Aquasal may be more trouble than it is worth. If production costs rise and if corresponding price rises for Aquasal are not allowed by the MOH, Al-Hikma could be tempted to quit the field. Project SUPPORT, an S+T-funded project, is designed specifically to assist local production of ORS and could assist AL-Hikma with raw materials or additional equipment. We advise USAID to maintain regular contact with Al-Hikma; Aquasal is an excellent product, locally produced. Yet the market is small, not lucrative, and sensitive to currency fluctuations. USAID should monitor the situation closely, and consider assistance if necessary.

BUDGET

	<u>FY 89</u>		<u>FY 90</u>		<u>FY 91</u>		<u>FY 92</u>		<u>TOTAL</u>	
	<u>S+T</u>	<u>USAID</u>								
1. Medical Education										
a. Technical Assistance	15,000								15,000	
B. Materials Reproduction		1,000								1,000
2. Promotion of Aquasal										
a. Detailing Folder to doctors		7,000		7,000						14,000
b. Detailing Folder to pharmacists		2,000		2,000		2,000		2,000		8,000
C. Medical Reprints to doctors		500		500		500		500		2,000
d. Leaflet holders		2,000		2,000		2,000		2,000		8,000
e. Mother leaflets		5,000		5,000		8,000		8,000		26,000
f. Stickers, shelf-talkers		4,000		4,000		8,000		8,000		24,000
g. Pre-testing of material		1,500		1,500		1,500		1,500		5,000
h. Aquasal plastic bags		<u>10,000</u>		<u>10,000</u>		<u>10,000</u>		<u>10,000</u>		<u>40,000</u>
	15,000	33,000		32,000		32,000		32,000	15,000	<u>129,000</u>
										144,000 =====

1. SITUATION ANALYSIS:

1.1 Background:

Aquasal was introduced in July 1987 both in Jordan's private market and in the MOH. 1987 sales reached around 46,000 packs of 6 sachets, and Aquasal became the market leader far ahead of other ORS brands such as Servidrat, Pedialyte and Rehydrate, thanks to a vigorous introductory campaign. The campaign was 2-pronged: a public campaign through TV run by the MOH and UNICEF, and a professional campaign which started by a series of regional seminars conducted by Al-Hikma, MOH, and UNICEF, addressed to pharmacists and physicians in the private sector. The seminars were followed-up by detailing efforts using the MOH 40-page Arabic booklet designed initially for the training of health workers. 5,000 of these booklets were distributed in 1987. Promotional efforts included also free goods of up to 20% on large orders put by pharmacies.

A new TV campaign was run in 1988. However, promotional efforts to the professionals were limited to distribution of the same 40-page Arabic booklet to doctors and up to 20% free goods to pharmacists. Sales decreased by 6% reaching 43,000 packs by end 1988.

1.2 Market of Anti-diarrheals

The total market of anti-diarrheals was estimated by end September 1988 (12 months to date) at 332,000 units or \$537,000.

- The larger group was formed by anti-diarrheals/anti-bacterials combinations, such as Enterosediv=90,000 units of which 46,000 in syrup form, Streptomagma=27,000, Gabroral=21,000 and Kaomycin=25,000.

- The mobility inhibitors group in tablet forms including Imodium, Lomotil, and Vacontil represented 54,000 units. (Vacontil drops, though banned, sold some 4,000 units.)

- Intestinal absorbants sales included Eucarbon tablets, 12,000, and Kaopectate suspension, 4,000.

- The remaining group, the Oral Electrolyte Replacers (ORS) accounted for 85,000 units of which Aquasal is the market leader: 43,000, followed by Servidrat, 10,000; Pedialyte, 18,000; and Hydralyte, 15,000. Rehydrate sales were negligible. It should be noted that Hydralyte (produced by APM in plastic bags containing the ready-made solution) was introduced in April 1988.

The market of anti-diarrheals experienced dramatic changes since end 1987, due to the banning of the pediatric form of the mobility inhibitors and of diodohy droxyquinoline combinations. They were replaced partly by the ORS brands but mostly by the anti-diarrheal/anti-bacterials combinations whose sales jumped from 52,000 units in 1987 to 173,000 units in 1988.

1.3 Market Trends

The different ORS brands made in-roads in the anti-diarrheal market. However, if the MOH does not extend its banning of useless and harmful products which include all anti-diarrheal/anti-bacterial combinations, the progress of ORS use will be hampered in the private sector. Doctors feel they have to prescribe something, "they owe it to their patients" who pay 5 to 7 J.D. and expect a prescription in return, and not a mass-advertised product such as Aquasal. At the pharmacy level, Aquasal cannot compete with higher-priced anti-diarrheals or imported ORS brands which generate more profit for the pharmacists.

We received conflicting messages concerning a possible ban of anti-diarrheals. Apparently a recommendation was submitted to the Drug Technical Committee, but according to Dr. Jalal, no action was taken yet to suspend the drugs. This was confirmed by Al-Hikma who reported that all anti-diarrheal combinations were still freely sold.

However, Ms. Hind El-Khatib from UNICEF was adamant that all anti-diarrheal/anti-bacterial combinations were banned. A further checking with Mr. Nabil Farraj from Upjohn confirmed that the above combinations needed as of Sept. 88 a special authorization from the MOH to be allowed to be imported. Upjohn will discontinue sales of Kaomycin after exhaustion of actual inventory. They will maintain Kaopectate.

1.4 Al-Hikma Promotional Resources:

Al-Hikma has rapidly risen to become one of the top 3 pharmaceutical companies in Jordan. It shares this position with APM, the oldest manufacturer in Jordan, and Roche. Al-Hikma exports 85% of its production mainly in neighboring Arab countries. Al-Hikma is recognized for the quality of its products and for its aggressive marketing. It has a team of 12 salesmen divided into 3 product lines. Aquasal is promoted within the OTC line which includes an analgesic, a cough preparation, a mouthwash, a sweetener, etc. The 4 medical representatives responsible of the OTC line call on general practitioners and pediatricians as well as on pharmacies. They cover some 1000 doctors and 650 pharmacies every cycle (equivalent to 1 month). Al-Hikma plans for Aquasal promotion in 1989 are limited to a reminder and sampling of Aquasal during the diarrhea season running from May through September (5 months).

Al-Hikma is not ready to invest more efforts on Aquasal as they prefer to allocate their resources on more profitable products.

The lack of active promotional efforts, especially in this early stage of Aquasal's life cycle, will irremediably stifle what otherwise can be a successful ORS implementation.

2. KEY ISSUES AND STRATEGIES:

2.1 Demand-generation by consumers (mothers) is critical to Aquasal sales and should be reinforced:

Asking for Aquasal by brand name is probably the most powerful reinforcement for the converted as well as the yet uncommitted health provider.

Strategy:

2.1.1 Along with the mass-media campaign conducted by the MOH and UNICEF (until 1990), Al-Hikma should reinforce Aquasal presence to the mother in the store (the pharmacy) through merchandising activities such as positioning the packs in a highly visible place i.e., in the baby-products section; displaying of eye-catcher items, i.e., shelf talker, sticker; and making available a colorful, illustrated, simple leaflet carrying health instructions on prevention of diarrhea and proper use of Aquasal.

2.2 Physician's prescription for Aquasal is not yet a routine in the treatment/prevention of dehydration due to diarrhea:

Physicians still tend to prescribe obsolete and useless anti-diarrheals due to their outdated training and the pressure of the drug companies.

Strategies

2.2.1 In coordination with MOH and WHO, Al-Hikma should champion the definitive ban of anti-diarrheals from the Jordanian market. Pritech can provide support from different sources on anti-diarrheals' side-effects.

2.2.2 Al-Hikma should develop adequate Aquasal detailing material to physicians, as they do for all of their products. The detailing material should reinforce the physician's confidence in Aquasal and strengthen its position as the only treatment of dehydration in case of diarrhea. Backing material from the medical literature will confirm the superiority of the modern ORS over the obsolete anti-diarrheals. An 8-page folder emphasizing Aquasal's benefits in short, crisp points should transmit a powerful message to the physician.

Pritech can help outline the objectives and provide support material for the development of the detailing folder. It can also provide the technical overview of the final copy.

Pritech will also mail its Technical Literature Update to all pediatricians through the pediatrics society and the MOH pediatric department.

- 2.2.3 Al-Hikma will make better use of its detailing force if they are properly trained in sales techniques, as well as in detailing Aquasal and in handling objections.
- 2.3 Pharmacist support is critical for both availability and active recommendation of Aquasal

Pharmacist's role in his/her community should be emphasized versus the often perceived image of glorified grocery keeper. Aquasal can just be the tool to confirm/establish his/her professional role in the community. Often the pharmacist is the first reference for parents of children with diarrhea. According to Al-Hikma's own evaluation of the seminars and follow-up detailing on both physicians and pharmacists, the latter were the more responsive as Al-Hikma went out of its way to "honor" the pharmacist unaccustomed to this professional attention from drug companies.

Strategies

- 2.3.1 In line with the previous efforts, Al-Hikma should persevere in gaining the pharmacist's support by appealing to his/her professional image and ego through the development of a pharmacist-specific detailing material. Such material should be simple enough to be also distributed to all pharmacy personnel who most often deal with customers.

We recommend a 4-page folder in Arabic, with simple copy including key communication tips to the pharmacist dealing with parents of a child with diarrhea, i.e., right questions, sanitation advice, proper ORS mixing, and adequate feeding.

- 2.3.2 Commercially, Al-Hikma may want to continue its free-goods policy on determined quantities to provide incentives to high-volume orders.

3. INCREMENTAL COSTS

In order to salvage and strengthen the successful launch of Aquasal, detailing and merchandising material are needed (for a 5 month campaign each year):

3.1 Detailing folder to doctors (8 page, laminated, English copy, full color) Quantity: 6000	Est. Cost: \$7,000
3.2 Detailing folder to pharmacists (4 page, Arabic, full color) Quantity: 3000	Est. Cost: \$2,000
3.3 Medical reprints on superiority of ORS versus anti-diarrheals and I.V. solutions (3 to 5 reprints) Quantity: 300 each	Est. Cost: \$500
3.4 Leaflet holder (cardboard) Quantity: 2000	Est. Cost: \$2,000
3.5 Mother leaflets (colored, 2 page illustrated) Quantity: 500,000	Est. Cost: \$5,000
3.6 Merchandising material i.e., stickers, shelf-talkers Quantity: 4000	Est. Cost: \$4,000
3.7 Pretesting of material with doctors and pharmacists	Est. Cost: \$1,500
3.8 Aquasal recyclable plastic bags 300 to each pharmacy Quantity: 200,000	Est. Cost: <u>\$10,000</u>
Total Incremental Cost:	\$32,000

4. TIMING

All the above material should be ready before the start of the diarrhea season, meaning before May 1989. Time is thus extremely tight if we want to fully exploit the opportunity of the next season.

The following is a tentative calendar based on a fast-track project:

<u>Activity</u>	<u>Duration</u>	<u>Deadline</u>
- RFP, selection and briefing of agency	2 weeks	Feb. 5
- development of creative concept & testing	4 weeks	Mar. 5
- lay-out & copy approval of all material	4 weeks	April 2
- final artwork approval and printing	3 weeks	April 23
- distribution to sales force & training	1 week	April 30
- launch of new campaign		May 1

5. FUTURE ACTIVITIES

Same level of activities is recommended for 4 years and as of 1991 possibility of mass-media intervention as UNICEF pulls out in 1990. Less professional detailing will be required and as of 1991 more consumer-oriented promotion will prevail. Aquasal should by then be considered a household item to be kept in the pharmacy closet at home as an aspirin or an antacid.

People Contacted

USAID/Jordan

Mr. Richard Johnson, Deputy Director
Dr. William Jansen, Chief of HPN Office
Ms. Doris El-Khazen, Program Specialist, HPN Office

Ministry of Health

Dr. Sulieman Qubain, Director of Primary Health Care
Dr. Abdul Rahim Jalal, CDD Program Manager

UNICEF

Ms. Hind El-Khatib, Program Officer, IEC

Al-Hikma Pharmaceuticals

Mr. S. T. Darwazah, General Manager
Ms. Rana Dajani Mihyar, Registration and Scientific Department
Mr. Mazen Darwazeh, Sales Manager

Jerusalem Advertising/Intermarkets Jordan

Mr. Bassem Dajani, General Manager

CMCS (Cubeisy Management Consultancy & Services) Advertising

Ms. Leila Cubeisy, Design Executive
Mr. Ziad Mahsi, Design Executive

University of Jordan, Amman

Dr. Abd Al Salam Majali, President
Dr. Kandil Shaker Shubair, Professor of Internal Medicine and
Director, Center for Educational Development for Health
Personnel (CEDHP)
Ms. Ikram Rida Tawfiq, Head, Educational Research Department, CEDHP
Dr. Faris Madanat, Chairman of Pediatrics Department, Faculty of
Medicine
Dr. Samir Houry, Chairman of Community Medicine Department, Faculty
of Medicine
Dr. Magda Zaky Eldeen, Dean, Faculty of Nursing
Dr. Walid Al-Turk, Dean, Faculty of Pharmacy
Dr. Mahmoud M.S. Abu-Khalaf, Chairman of General Surgery Department,
Faculty of Medicine; Editor Journal of the Jordan Medical
Association

Jordan College of Nursing, Amman

Ms. Samira Quomok, Director
Ms. Nawal Haddad, PHC Nursing Development Project

John Short Associates, PHC Nursing Development Project

Ms. Maureen T. Brown, Chief of Party
Dr. Charlotte Ferguson
Ms. Penny Hatcher, Curriculum Development
Ms. Cindy Fehrs

The Jordan Pediatric Society

Dr. Farouk Daher Khatib, President
Dr. Samir Faouri, Vice-President, Head of Neonatology Unit,
Al-Bashir Hospital, Amman

Al-Bashir Hospital, Amman

Dr. Said Alazab, Head of Pediatrics Department, Director of the ORT
Unit

Royal Medical Services (military)

Dr. Nael Ajlouni, Director

National Medical Institution (NMI)

Dr. Rizk Rashdan, Deputy Director General
Mr. Badie Qawasmi, Chief of Supply

United Nations Relief and Works Administration (UNRWA)

Dr. Suleiman Subeihi, Chief, Preventive Medicine
Dr. K. Abdalla, Chief, Training and Research Officer

Academy for Educational Development

Ms. Anne H. Roberts, Resident Advisor, Healthcom

Noor Al-Hussein Foundation

Dr. Seema Bahous, Healthcom Project Director
Ms. Abeer Hamdan, Healthcom Project Coordinator

Upjohn Pharmaceuticals

Mr. Nabil Farraj, Sales Manager