



A behaviour change strategy to promote the safe and appropriate use of injections

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4 PROBLEMS		3 PARTICIPANT GROUPS	6 KEY ACTIONS
THERAPEUTIC INJECTIONS	THERAPEUTIC INJECTION OVERUSE	<p style="text-align: center;">PRESCRIBERS</p> <p style="text-align: center;">PATIENTS</p> <p style="text-align: center;">PROVIDERS</p>	1. Prescribe oral medication wherever possible
			2. If prescribed an injection, ask if medication can be given orally instead
IMMUNIZATION & THERAPEUTIC INJECTIONS	REUSE OF INJECTION EQUIPMENT WITHOUT STERILIZATION		3. Demand that a syringe and needle be taken from a new, sealed and undamaged package
	UNSAFE SHARPS COLLECTION		4. Use a syringe and needle from a new, sealed and undamaged packet for EVERY injection
	UNSAFE SHARPS COLLECTION		5. WITHOUT recapping, place syringes and needles in a safety box IMMEDIATELY after use
	UNSAFE MANAGEMENT OF INJECTION WASTE		6. Manage injection waste safely and appropriately

PROPOSED BEHAVIOUR	CURRENT BEHAVIOUR	REASONS FOR CURRENT BEHAVIOUR	BARRIERS TO CHANGE 'Lock'	STRATEGY – 'Key's' for CHANGE				TOOL CODE	INDICATORS	
				MOTIVATION Positive	MOTIVATION Negative	INFLUENCE	PROPOSED ACTION			
1. PRESCRIBERS to prescribe oral medication rather than an injection when treatment is required.	Often unnecessarily prescribe injections	Lack of clear prescription policy	No guidelines	Simple, easy to follow guidelines	Possibility that prescriptions may be examined	MOH POLICY MAKERS	POLICY MAKING <i>National policy for the safe and appropriate use of injections</i>	1.-1	POLICY 1.National policy for the safe and appropriate use of injections POLICY 2. Budgetary allocation for injection safety EVALUATION 3. Proportion of injections including at least one injection (OT8 indicator)	
						MOH PROGRAMMES / NGOs	BUDGETARY ALLOCATION for injection safety			
							POLICY IMPLEMENTATION <i>Issue of standard treatment guidelines</i>			
		SUPERVISORS	SUPERVISION & MONITORING of prescriptions	5.-1						
		Prescriber preference for injections	Strong belief injections are more effective	Belief that oral medications work just as fast	Fear of disease transmission (especially HIV) from unsafe injection practices	Evidence - Scientific - Anecdotal	PROFESSIONAL ASSOCIATIONS	PEER GUIDANCE <i>Direct mailing</i>		4.-19
							PROFESSIONAL JOURNALS	PEER GUIDANCE <i>Published articles</i>		6.-1
							SATISFIED ACCEPTORS	PERSONAL TESTIMONIES		6.-4
							MOH PROGRAMMES / HEALTH EDUCATION / NGOs	PROGRAMME COMMUNICATION <i>Production & distribution of IEC materials</i>		4.-1 4.-8 4.-12
							MASS MEDIA	MEDIA CAMPAIGN <i>Messages</i>		4.-13 4.-16
							PATIENTS	CONSUMER DEMAND <i>Communicating a preference for oral medications</i>		4.-6 4.-7 4.-10 4.-13
		Real or imagined perception of patient preference for injections	Fear that patients will go elsewhere	Reassurance that patients are open to prescription of oral medications	If new social norm created for oral medication, fear that patients will go elsewhere if injections over prescribed		SATISFIED ACCEPTORS	PERSONAL TESTIMONIES		6.-4
							MOH PROGRAMMES	PRE & IN SERVICE TRAINING <i>to improve prescriber communication skills</i>		3.-1 4.-1
							RELIGIOUS LEADERS / OPINION LEADERS	INFLUENTIAL TALKS <i>To encourage patient /prescriber dialogue</i>		4.-20
							MASS MEDIA	BEHAVIOUR MODELLING of positive patient/prescriber dialogue		4.-12 4.-13 4.-16
Financial incentive for prescribing injections	Loss of income									

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2. PATIENTS to communicate a preference for oral medication	Accept injections without question	Belief that prescriber knows best	Difficulty of talking to prescribers ('mystique')	Belief that they are protecting themselves from harm	Personalised risk- Fear of disease transmission (especially HIV) from unsafe injection practices	MASS MEDIA	BEHAVIOUR MODELLING demonstrating that it is both possible and desirable to discuss treatment options with your doctor	4.-12 4.-13 4.-16 4.-18	EVALUATION 1. Proportion of patients reporting a preference for an injections for the treatment of a defined tracer condition (eg. fever)
						SATISFIED ACCEPTORS	PERSONAL TESTIMONIES	6.-4	
			PRESCRIBERS			INTERPERSONAL COMMUNICATION – Prescribers more open to patient's questions	3.-1 4.-1		
Request injections	Preference for injections Belief that they give rapid relief	Strong belief	Belief that oral medications work just as fast with benefit that they are much safer	Fear of disease transmission (especially HIV) from unsafe injection practices	MASS MEDIA	MEDIA CAMPAIGN to promote preference for oral medication	4.-12 4.-13 4.-16 4.-18		
					MOH PROGRAMMES / HEU UNIT	PROGRAMME COMMUNICATION IEC materials in health facilities	4.-6 4.-7		
					PRESCRIBERS	INTERPERSONAL COMMUNICATION – Gentle persuasion to accept oral alternatives	3.-1 4.-1		
					RELIGIOUS LEADERS / OPINION LEADERS	INFLUENTIAL TALKS To encourage patient /prescriber dialogue	4.-20		
					MOH / NGOs	SERVICE DELIVERY Voluntary system of accreditation of 'Safe Injection' clinics which operate according to a patient's charter	4.-10 4.-11		
					COMMUNITY	PEER PRESSURE New social norm for oral medications	4.-6		
					SATISFIED ACCEPTORS	INTERPERSONAL COMMUNICATION	6.-4		

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3. Patients to demand that syringe and needle be taken from a new, clean and undamaged package NB: Danger of repacked syringes – avoid suspicious or poor quality packaging, and refuse if syringe barrel is moist inside	Often accept syringe and needle regardless of source	Lack of understanding of disease transmission	Limited education and access to information	Belief they are protecting themselves from harm	Personalised risk Fear of disease transmission (especially HIV) from unsafe injection practices	MASS MEDIA	<i>MEDIA CAMPAIGN to raise awareness of need for new packet to be opened in front of you</i>	4.-14 4.-17 4.-18	EVALUATION 1. Increase in number of patients recalling that syringe and needle for last injection were taken from a new package EVALUATION 2. Increase in number of patients identifying HIV (HBV, HCV) as a potential consequence of unsafe injections.
						MOH PROGRAMMES / HE Adviser / NGOS	<i>PROGRAMME COMMUNICATION IEC materials available in health facilities</i>	4.-6 4.-9	
		COMMUNITY				<i>PEER PRESSURE New social norm to demand safe injection equipment</i>	4.-6		
		SATISFIED ACCEPTORS				<i>INTERPERSONAL COMMUNICATION – to promote use of safe injection equipment</i>	6.-4		
		RELIGIOUS LEADERS / OPINION LEADERS				<i>INFLUENTIAL TALKS To empower patients to demand safe equipment</i>	4.-20		
		COMMUNITY				<i>New social norm to ask for safe injection equipment</i>			
		PROVIDER				<i>POLICY – To open new packet in front of patients</i>			
						<i>INTERPERSONAL COMMUNICATION to be more open to patients questions</i>	4.-1		
						<i>SERVICE DELIVERY Voluntary system of accreditation of 'Safe Injection' clinics which operate according to a patient's charter</i>	4.-10 4.-11		
						<i>MEDIA CAMPAIGN with reasons that paying for injection equipment is crucial to protect health</i>	4.-18		
	<i>SOCIAL MARKETING of affordable safe injection equipment</i>								
		Low income	Syringes and needles may seem (or be) too expensive						

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4. PROVIDERS to use a sterile needle and syringe for EVERY injection NB: Danger of repacked syringes – avoid suspicious or poor quality packaging, and refuse if syringe barrel is moist inside	Often administer injections with dirty needles and syringes	Insufficient supplies	Poor availability of safe injection equipment	Increased availability of supplies – no need to re-use equipment	Fear they could transmit diseases	MOH POLICY MAKERS	<i>POLICY – National policy for the safe and appropriate use of injections</i>	1.-1	POLICY 1. National policy for the safe and appropriate use of injections POLICY 2. Safe injection supplies included on essential drug list POLICY IMPLEMENTATION 3. Budgetary allocation for safe injection equipment EVALUATION 4. Proportion of providers identifying HIV as a potential consequence of unsafe injections				
							<i>POLICY IMPLEMENTATION – include on the essential drug list</i>						
						MOH PROGRAMMES / NGOs	<i>BUDGETARY ALLOCATION</i>						
							<i>SUPPLY- sufficient safe injection equipment eg. bundling</i>						
					Belief they are protecting both patients & themselves from harm	Personalised risk	PROVIDERS	<i>POLICY – To refuse to give injection if lack of safe supplies - to open new packet in front of patients</i>		3.-2 4.-2			
						Fear they could transmit diseases (especially HIV) to both patients & themselves	NGOs	<i>SOCIAL MARKETING – Social marketing to increase access to safe injection equipment</i>					
							PATIENTS	<i>SUPPLY– To purchase own safe injection equipment from trustworthy source</i>		4.-6			
					Lack of funds	Cost of supplies	Belief they are protecting both patients & themselves from harm	Personalised risk		Fear they could transmit diseases (especially HIV) to both patients & themselves	MARKET	<i>MARKET FORCES – increased consumer demand will increase availability and reduce cost of supplies</i>	
					Wish to recycle valuable equipment	Waste of precious resources					NGOs	<i>SOCIAL MARKETING – to provide safe & affordable injection equipment</i>	
					Unaware of high risks of using dirty needles and syringes	Lack of initial or in-service training					MOH PROGRAMMES	<i>PRE & IN SERVICE TRAINING Persuasive professional training and education</i>	3.-2 4.-2
	Complacency	Poor conditions of service & rewards	INCENTIVES for good professional practices	Fear of reprimand	SUPERVISORS	<i>SUPERVISION – motivate all staff to follow sterile practices</i>			4.-3				

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5. PROVIDERS to place syringes and needles in a safety box immediately after use WITHOUT RECAPPING	Providers leave dirty needles and syringes lying around clinics	Lack of guidelines for safe sharps collection	Unaware of correct procedure	Adhering to professional practice	Fear of reprimand	MOH POLICY	<i>POLICY – National guidelines for safe sharps collection</i>	1.-1	POLICY 1. Inclusion of safety boxes in EDL POLICY 2. Bundling of syringes with safety boxes POLICY IMPLEMENTATION 3. Budgetary allocation for safe injection equipment EVALUATION 4. Proportion of facilities with dirty sharps observed in unprotected containers EVALUATION 5. Annual incidence of needlestick injuries amongst health-care workers	
						MOH PROGRAMMES PRIVATE PROVIDERS	<i>PRE & IN SERVICE TRAINING</i>	3.-2 3.-3 4.-4		
				SUPERVISORS		<i>SUPERVISION – ensure safe collection of sharps</i>	4.-3 4.-3			
		Lack of a safety box or other safe sharps container	No box	Availability of safety box– ease of disposal encourages use		Fear of needlestick injury Possibility of contracting HIV	MOH	<i>POLICY – Safety box to be included on Essential Drug List</i>		
			Cost of safety box			MOH PROGRAMMES / MANAGERS OF PRIVATE CLINICS	<i>BUDGETARY ALLOCATION</i> <i>SUPPLY – Safety boxes to be provided in EVERY health facility</i>			
						NGOs	<i>SOCIAL MARKETING of safety boxes to private clinics</i>			
						WHO	<i>TECHNOLOGY TRANSFER to facilitate local manufacture of boxes at low cost</i>			
						PROVIDERS	<i>IMPROVISATION of a safe sharps container if boxes unavailable</i>	4.-2 4.-4 4.-5		
		Providers recap needles	Safe container unavailable so recapping 'makes needle safe'	No safety box	Box (available so no need to recap		ALL RESPONSIBLE PARTIES	<i>SUPPLY – of safety box or safe sharps container (cutter)</i>		
			Unaware of risks of needlestick	Belief they are 'immune'		Personalised risk -	MOH PROGRAMMES / MANAGERS OF PRIVATE CLINICS	<i>PRE & IN SERVICE TRAINING – Persuasive professional education & IEC campaign (Personalise risk of needlestick)</i>		4.-2 4.-4 4.-5 6.-4
		Natural reaction to recap needle	- Habit - Unconscious response	Desire to protect themselves from harm	Fear of HIV from needlestick – conscious effort to change					

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6. PROVIDERS to manage injection waste safely and appropriately	Injection waste discarded in open and unguarded rubbish areas	Injection waste discarded in open and unguarded rubbish areas	No guidelines	Adhering to professional practice	Fear that children may play with discarded syringes	MOH POLICY	<i>POLICY – National guidelines for safe healthcare waste management</i>	1.-2	POLICY 1. national Policy for the safe and appropriate management of healthcare waste POLICY IMPLEMENTATION 2. Budgetary allocation for safe injection equipment EVALUATION 3. Proportion of facilities with dirty sharps observed in the surroundings		
					Fear that discarded syringes may be scavenged, repackaged and resold	MOH PROGRAMMES / MANAGERS OF PRIVATE CLINICS	<i>BUDGETARY ALLOCATION for healthcare waste management</i>	4.-2 4.-5 4.-15			
							<i>PRE & IN SERVICE TRAINING – Persuasive professional education</i>				
				Incentives for adopting good professional practices	Fear of reprimand	SUPERVISORS	<i>SUPERVISION – motivate staff to manage waste safely</i>	4.-3 5.-3			
				Lack of facilities	Facilities available	MOH / NGOs / PRIVATE FACILITIES	Fear that children may play with discarded syringes	WHO		<i>INFRASTRUCTURE DEVELOPMENT Installation, operation and supervision of incinerators at larger facilities</i>	
				Lack of system	System in place which is easy to implement	MOH /LOCAL GOVERNMENT NGOs / PRIVATE FACILITIES				<i>COLLECTION SYSTEM for safety boxes and other medical waste to appropriate facilities for burning</i>	4.-2
Complacency	Incentives for good professional practices	SUPERVISORS	Fear of reprimand		<i>SUPERVISION – ensure safe collection of sharps</i>	4.-3 5.-3					
Low status	Improved incentives and financial rewards	MANAGEMENT (MOH & PRIVATE FACILITIES)			<i>IMPROVED CONDITIONS OF SERVICE for sanitary workers</i>						

ANNEX 1

1. POLICY AIDES			
1-1.	<i>Aide-memoire for a national strategy for the safe and appropriate use of injections</i>	<i>Policy makers</i>	<i>Leaflet</i>
1-2.	<i>Aide-memoire for a national strategy for healthcare waste management</i>	<i>Policy makers</i>	<i>Leaflet</i>
2. RESEARCH TOOLS			
2-1.	<i>Rapid assessment and response guide</i>	<i>Health systems</i>	<i>Research tool</i>
2-2.	<i>Tool A (Focus group discussion guide)</i>	<i>Health systems</i>	<i>Research tool</i>
2-3.	<i>Interactional group discussion guide</i>	<i>Health systems</i>	<i>Research tool</i>
3. TRAINING MODULES			
3-1.	<i>Communication skills for healthcare providers</i>	<i>Healthcare providers</i>	<i>Slides / Handout</i>
3-2.	<i>Safe injection practices</i>	<i>Healthcare providers</i>	<i>Slides / Handout</i>
3-3.	<i>Safe sharps management</i>	<i>Healthcare providers</i>	<i>Slides / Handout</i>
4. IEC TEMPLATES			
4-1.	<i>Good prescribers guide</i>	<i>Healthcare providers</i>	<i>Leaflet</i>
4-2.	<i>Good injection providers guide</i>	<i>Healthcare providers</i>	<i>Leaflet</i>
4-3.	<i>Good supervisors guide</i>	<i>Supervisors</i>	<i>Leaflet</i>
4-4.	<i>Always use a safety box</i>	<i>Healthcare providers</i>	<i>Poster</i>
4-5.	<i>Safe waste management</i>	<i>Healthcare providers</i>	<i>Poster</i>
4-6.	<i>Your guide to safe medical treatment (including patients charter)</i>	<i>Community</i>	<i>Leaflet</i>
4-7.	<i>'Do I really need an injection?'</i>	<i>Community (schools)</i>	<i>Leaflet</i>
4-8.	<i>Choose oral medication</i>	<i>Community</i>	<i>Leaflet</i>
4-9.	<i>Make sure the syringe and needle come from a new packet</i>	<i>Community</i>	<i>Poster</i>
4-10.	<i>The patients charter for safe and appropriate injections</i>	<i>Community</i>	<i>Poster</i>
4-11.	<i>Safe Injection Clinic (safe injections given here)</i>	<i>Community</i>	<i>Sticker</i>
4-12.	<i>Talk to your doctor</i>	<i>Community</i>	<i>Radio spot</i>
4-13.	<i>Choose oral medication</i>	<i>Community</i>	<i>Radio spot</i>
4-14.	<i>Make sure the syringe is from a new packet</i>	<i>Community</i>	<i>Radio spot</i>
4-15.	<i>Don't play with syringes and needles</i>	<i>Community</i>	<i>Radio spot</i>
4-16.	<i>Choose oral medication</i>	<i>Community</i>	<i>TV spot</i>
4-17.	<i>Make sure the syringe is from a new packet</i>	<i>Community</i>	<i>TV spot</i>
4-18.	<i>Safe and appropriate use of injections</i>	<i>Broadcasters</i>	<i>Resource pack</i>
4-19.	<i>'Dear Colleague' Letter</i>	<i>Professional assoc.</i>	<i>Template</i>
4-20.	<i>Health talks for safe injections</i>	<i>Religious/Opinion leaders</i>	<i>Template</i>
5. SUPERVISION TOOLS			
5-1.	<i>Prescription monitoring</i>	<i>Supervisors</i>	
5-2.	<i>Monitoring use of safe injection equipment</i>	<i>Supervisors</i>	<i>Checklist</i>
5-3.	<i>Monitoring sharps waste management</i>	<i>Supervisors</i>	<i>Checklist</i>
6. RESOURCE CENTRE			
6-1.	<i>Technical articles - professional journals</i>	<i>Health professionals</i>	<i>File</i>
6-2.	<i>General articles - newspapers</i>	<i>Community</i>	<i>File</i>
6-3.	<i>Injection safety background reports</i>	<i>Health professionals</i>	<i>File</i>
6-4.	<i>Personal testimonies</i>	<i>General</i>	<i>Audio / video</i>

