Background

- Injections are overused to administer medications in many transitional and developing countries.
- Most prescribers have the perception (OR: believe) that patients prefer injections.
- Although some patients do prefer injections to administer medications, prescribers often overestimate this preference. Most patients are in fact open to alternatives to injected medications if the risks and benefits involved are properly explained to them.

Figure 1: In most cases, only 5-20% of the population prefers injections for the administration of medications (bottom left). This minority, however, puts pressure on providers by making strong demands for injections. This leads providers to believe that all patients prefer injections. As a response, providers prescribe injections to all patients, including to the 80-95% who do not prefer injections (bottom right). As a result, all patients believe that it is the providers who prefer injections.

- Interactive group discussions where patients and prescribers exchange views on injections with the assistance of a facilitator can clarify these misunderstandings and are effective in decreasing injection overuse.
Figure 2: Impact of interactional group discussions in Indonesia.\(^1\) In the intervention group (squares), a substantial and sustained decrease in injection use is observed, to a level that is significantly lower than the control group (diamonds), that was to some extent “contaminated” by the intervention.

- Through interactional group discussion, unnecessary injections are prevented, including dangerous ones. Thus, this intervention contributes to the prevention of infection with hepatitis B virus, hepatitis C virus and HIV in the community. As such, interactional group discussions constitute a highly cost-effective intervention, with a cost per disability-adjusted life year (DALY) under the threshold of one annual gross domestic product (GDP) per capita in all world regions.\(^2\)
- This practical guide summarizes the key elements that public health practitioners need to know to make use of patients-prescribers interactive group discussions as an effective intervention strategy to reduce injection overuse.

**Initial assessment of injection use**

- The frequency of injections can be estimated initially using two methods:
  1. **Injection frequency surveys** in the population
     Critical indicator: The annual number of injections per person.
  2. **Prescription reviews**
     Critical indicator: Number of prescriptions including at least one injection.
- Review of prescriptions on the basis of standard treatment guidelines can allow the estimation of the proportion of unnecessary injections.

**Planning for interactional group discussions**

**Target**

- Prescribers constitute the main target of interactional group discussions.

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The main objective of the presence of community members is to confront prescribers with the real attitudes towards injections that are prevalent in the population.

**Number of sessions**

- The number of sessions should be sufficient so that every prescriber in the community (district) has participated in at least one session.

**Needs for a session**

To organize a session, you will need:

- A **facilitator**. Ideally, the facilitator is a social scientist or a psychologist. However, a district-level public health specialist with a good understanding of the problem and good inter-personal skills can successfully facilitate a session. If a specialist is not available, an accepted member of the community who is knowledgeable enough is a possible alternative.

- A **resource person** (e.g., pharmacologist). In the absence of a resource person who can state that oral medications are equivalent to injections in most cases, a few short, clear reference documents can be used.

- **Six prescribers**.

- **Six members of the general population**, including **mothers of young children** who are surprisingly active in confronting prescribers. Participation in the interactional group

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**Figure 3:** Providers have a tendency to overestimate the preference for injections in the population.
discussion should be adapted to the local customs. In some cultures, for example, it is
difficult to mix men and women. In other cultures younger members of the community
might not feel comfortable in the presence of older members. Therefore the members of
the general population attending the session should be a group of people who will find it
easy and comfortable to be together and who have no fears or other cultural rules
hindering them from speaking and exchanging opinions.
- The total number of prescribers and community members should not exceed 12.

Costing, budgeting and financing
- Costs should be estimated.
- Administrative staff need to plan for the expected costs in the district budget.
- Funding sources need to be identified for the budgeted costs.

Conducting interactional group discussions

Venue
- A place where people feel comfortable is a good choice (e.g., restaurant). The idea is to
find a comfortable and natural place, which would be culturally sensitive and at the same
time rewarding for the participants. In Indonesia, mosques were used. The discussion will
be held for two hours before a meal, tea or some other refreshment is served. Useful
informal discussions are likely to continue during the meal or the refreshment. Alcohol
should not be served during the "formal" part of the discussion.
- Holding the discussion in a health care facility is not recommended as this venue is
not perceived as neutral.

Duration
- Two hours

Conducting the discussion

Introduction: 15 minutes
The introduction is often a time when participants already have a chance to say something. A
good way to get the group together is to have an opening question, which does not have to be
directly related to the subject. This question aims to establish that all the participants have
something in common. For example, they are all from the same area, they all have families
but they all have different hobbies and interests. A very traditional opening question might
aim to introduce the participants (e.g., name, profession, children, interests outside of the
workplace).
- The facilitator introduces the subject, explains that injections are overused in the
community and mentions that providers think patients prefer injections.
- The facilitator explains the impact of injection overuse on costs. He describes unsafe
injection practices that take place, exposing patients, health care workers and the
community to risks, and mentions ethics.
- The facilitator refers to the resource person (or to the briefing documents) to ask
whether injections are more effective or act faster than oral medications.
- The resource person makes a short authoritative statement to the effect that in most
cases, oral medications are just as effective and are active just as quickly as injected
medications.
The facilitator introduces the possibility of a discrepancy between the perception of prescribers who believe that patients prefer injections and the actual attitudes in the population.

Discussion: 90 minutes

- The facilitator initiates the discussion by addressing the mothers, and then the prescribers. He will facilitate the dialogue but resolve any potential conflict by deferring to the resource person.
- In fact, conflicts rarely arise. When confronted with the mothers, prescribers take a low profile, as they can not engage in an argument with patients. They will fear to lose their credibility.
- Prescribers slowly accept the views of community members.

Consensus statement: 15 minutes (may be shorter)

- The facilitator invites participants to formulate a consensus statement and formally ends the discussion with take-home messages. These may include:
  1. Injections are overused in the community;
  2. Injections are not always necessary and are risky;
  3. Oral drugs are sufficient in most cases;
  4. Prescribers will now take sufficient time with their patients to explain the risks and benefits of injections. When they want to prescribe an injection, they will ask the patient whether he/she wants one and ensure subsequent explanation;
  5. Prescribers can pledge that they will attempt to respond to requests for medications by other choices that do not threaten health (e.g., oral anti-anaemic);
  6. Community members will disseminate the information about the risks of injections to the community.

Figure 4: Oral medications are a suitable alternative to injections.

Figure 5: Promoting oral medications and discouraging the use of injections
**Follow-up activities**

*District regular meetings.*
The major "take home" message from the interactional group discussion is that patients can be open to alternatives to injected medications. This message can be reinforced through discussions during district monthly meetings.

*Formal seminars*
A formal seminar may be organized to present the impact of the interactional group discussion on injection use in different health facilities. Dissemination of these results is effective in changing prescribers' attitudes.

*Communication of findings*
Communication of the findings of the interactional group discussion through various media (e.g., posters, communication through community leaders) can help in disseminating the message and support a more rational use of injections. Policy makers must also be made aware of the results so that financial support for the activity may be secured.

*Monitoring of injection use*
This can be done in several ways, including through self-monitoring, external monitoring and supervision and through regular report on drug use from health facilities. Choice of the monitoring strategy will depend upon feasibility in different settings.

**Evaluating the impact**

*Self-monitoring*
- Through self-monitoring, prescribers can keep track of their progress in reducing injection overuse.

*Prescription reviews*
- Supervision staff can review prescriptions for the proportion that include at least one injection and discuss the results of the review with prescribers.

*Monitoring progress*
- **Comparisons over time.** For each prescriber, temporal trend can be examined to determine whether injection overuse is decreasing over time.
- **Comparisons between prescribers.** Prescribers can be compared in their capacity to reduce injection overuse.