

# Biodiversity Challenge Funds Projects Darwin Initiative, Illegal Wildlife Trade Challenge Fund, and Darwin Plus Half Year Report

Note: If there is any confidential information within the report that you do not wish to be shared on our website, please ensure you clearly highlight this.

Submission Deadline: 31st October 2023

| Project reference                  | IWTEV014   |
|------------------------------------|--|
| Project title                      | Reducing demand for pangolin scales in Traditional Chinese<br>Medicine |
| Country(ies)/territory(ies)        | China  |
| Lead partner                       | Wildlife Conservation Society (WCS)                                    |
| Partner(s)                         | South China Normal University (SCNU)                                   |
| Project leader                     | Lishu Li   |
| Report date and number (e.g. HYR1) | HYR1   |
| Project website/blog/social media  | N.A.   |

Outline progress over the last 6 months (April – Sept) against the agreed project implementation timetable (if your project has started less than 6 months ago, please report on the period since start up to end September).

Although we are not looking for specific reporting against your indicators, please use this opportunity to consider the appropriateness of your M&E systems (are your indicators still relevant, can you report against any Standard Indicators, do your assumptions still hold true?). The guidance can be found on the resources page of the relevant fund website.

## Output 1: A 'behavioural map' and target statement of specific behaviours to be changed among key actors along the supply chain of pangolin scales in TCM is developed

1.1: Conduct open-source information analysis and interviews in high priority areas for pangolin scale consumption in China

In this reporting period, we visited 20 retail pharmacies in Guangzhou and Foshan city of Guangdong province, and Beijing city to observe if Traditional Chinese Medicine (TCM) containing pangolin scales were widely available in pharmacies and are promoted. During our visits, we observed only a single pharmacy selling one such TCM product. This confirmed to us that hospitals and clinics are the major consumption environments of TCM containing pangolin scales and that consumers are not likely to purchase such medicines at pharmacies.

To identify the high priority areas of this study, we conducted an open-source information analysis on the procurement notices of public hospitals. The results indicated that hospitals in Fujian and Guangdong provinces had the most procurement notices involving pangolin decoction-ready medicine, and thus were identified to be two high priority areas. However, we may include additional high priority areas later if further findings so warrant.

To identify key actors who influence pangolin scale consumption for TCM, we conducted semistructured interviews with five doctors (one male and four female) and five consumers (all female) to understand factors influencing a doctor's prescribing decision and power dynamic between doctors and patients. We also reviewed literature on factors influencing doctors prescribing modern medicines and compared the context of prescribing TCM and modern medicines. Findings of these studies identified eight key actors: doctors in hospitals and clinics who prescribe medicines, consumers, doctors on online consultation platforms who do not prescribe medicines, key opinion leaders, family members of consumers, hospital and clinic procurement committees, administration authorities, and people in group chats.

### 1.2: Conduct system mapping and power dynamic analysis to produce a behavioural map behavioural map

We conducted a system mapping analysis to describe the behaviour of key actors who influence pangolin scale demand for TCM. We also conducted a power dynamic analysis using qualitative research methods to assess the relationship and influence between each key actor. The results indicated that doctors play a dominant role in the relationship between doctors and consumers, which emerged from coding the interview transcripts. Besides, we found that the purchase intention of consumers is influenced by doctors, family members, key opinion leaders, and people in group chats. The doctors' decision to prescribe is influenced by their own knowledge and opinions, hospital and clinic leaders, and administration authorities. Based on these findings, we developed a behaviour map including over 30 statements which are the candidate target behaviours we intend to change to reduce pangolin scale demand for TCM.

#### 1.3: Hold a workshop to develop the target behaviour statements

In August we held a workshop to shortlist the abovementioned statements in the behaviour map. In the workshop we scored the feasibility and impact of each statement and sorted these statements by the score. We then selected the statement with the highest score as the priority target statement, followed by three backup statements with the second to fourth highest scores. As a result, we developed the priority target statement as 'IF only doctors would reduce frequency of prescription of pangolin scale-containing medicine within hospitals and clinics. In case the priority target statement may not be appropriate to design interventions according to further explore studies, we also developed three backup target statements as 'IF only patients reduce the purchase of pangolin scale-containing medicine', 'IF only National Insurance Bureau would remove pangolin scale-containing medicine from the list of insured medicine', and 'IF only hospital procurement committees removed pangolin scale-containing medicine from the list of annual medicine purchase plan'.

## Output 3: Behaviour change strategy for pangolin scale use in TCM including interventions and impact measures is developed in coordination with key actors along the supply chain

## 3.2: Provide capacity building for a university research team through training and on-the-job mentoring.

In September we held a training workshop with the South China Normal University (SCNU) research team, including eight SCNU staff and students (3 males and five females) and two WCS staff. In this training, WCS shared our previous behaviour insight studies and explained details of the Target, Explore, Solution, Trial, Scale phases of the TESTS model. We also answered SCNU's questions and discussed the workplan for the next period of this study. As a result, this training enhanced SCNU's understanding of behaviour insight approaches in the field of reducing wildlife demands.

# 2. Give details of any notable problems or unexpected developments/lessons learnt that the project has encountered over the last 6 months. Explain what impact these could have on the project and whether the changes will affect the budget and timetable of project activities.

One challenge during this implementation period was that we underestimated the difficulty of finding an appropriate vendor to recruit qualified interviewees. Most vendors do not have available candidate pools which exactly match our requirements. It took time and we finally used snowball sampling to recruit the interviewees under Output 1. Although the information from these interviews is good to develop the behaviour map, we found a quantitative analysis of anonymized medical consultation records will enable us to better understand the interaction

and bidirectional influence between patients and doctors. Thus, we suggested adding one indicator in the logframe under Output 1 in the formal change request which has been sent. In addition, we have not ceased communications with vendors. Interviewees for Output 2 will be recruited by an appropriate vendor. In addition, the behaviour insight approach was new to SCNU research team which affected their involvement in the starting period. Thus, we enhanced capacity building activities and provided one training in September to raise their knowledge and capacity. Accordingly, we request to add two indicators and further developed the activities in the logframe in the formal change request. 3. Have any of these issues been discussed with NIRAS and if so, have changes been made to the original agreement? Discussed with NIRAS: Yes/No Yes/No Formal Change Request submitted: Yes/No Received confirmation of change acceptance Change request reference if known: 4a. Please confirm your actual spend in this financial year to date (i.e. from 1 April 2023 -**30 September 2023)** Actual spend: £ 4b. Do you currently expect to have any significant (e.g. more than £5,000) underspend in your budget for this financial year (ending 31 March 2024)? Yes No 🖂 Estimated underspend: 4c. If yes, then you need to consider your project budget needs carefully. Please remember that any funds agreed for this financial year are only available to the project in this financial year. If you anticipate a significant underspend because of justifiable changes within the project, please submit a re-budget Change Request as soon as possible. There is no guarantee that Defra will agree a re-budget so please ensure you have enough time to make appropriate changes if necessary. Please DO NOT send these in the same email as your report. NB: if you expect an underspend, do not claim anything more than you expect to spend this financial year. 5. Are there any other issues you wish to raise relating to the project or to BCF management, monitoring, or financial procedures?

If you are a new project and you received feedback comments that requested a response, or if your Annual Report Review asked you to provide a response with your next half year report, please attach your response to this document.

All new projects (excluding Darwin Plus Fellowships and IWT Challenge Fund Evidence projects) should submit their Risk Register with this report if they have not already done so.

Please note: Any <u>planned</u> modifications to your project schedule/workplan can be discussed in this report but should also be raised with NIRAS through a Change Request. <u>Please DO NOT send these in the same email</u>.

Please send your **completed report by email** to <u>BCF-Reports@niras.com</u>. The report should be between 2-3 pages maximum. <u>Please state your project reference number, followed by the specific fund in the header of your email message e.g. Subject: 29-001 Darwin Initiative Half Year Report</u>