“Pride in the local culture was huge”: Baptiste Teyssier of Appleseed on experimentation, urgency, and the personal motivators behind reading glasses purchases

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: To start, could you tell me a little bit about Appleseed and about your work and how the issue of getting reading glasses to people intersects with the work you do?

Baptiste Teyssier: Appleseed is a behavioral change consultancy. We are a nonprofit ourselves and we work with nonprofits, social enterprises, any type of impact organization that has an impact solution – an impact product, service, whatever the program looks like, that's kind of falling short of the impact because people aren't adopting a specific behavior.

For example, they might be purifying water in villages but then people aren't drinking the purified water. They're still drinking the contaminated water, so it’s not having an impact. Or they might be improving health services but then people don't go to the doctor. Or selling glasses in pharmacies, but then people may not be going to pharmacies to buy glasses. Where we come in is when organizations realize, we've done all we can do. What's lacking is this final piece. How do we bridge the gap between our solution or our service and our audience and ensure the adoption of key behaviors for impact, for the desired outcome, to really happen?

Ambika Samarthya-Howard: That makes a lot of sense. Can you talk about that a little bit in terms of the eyeglass work?

Baptiste Teyssier: Of course. Actually we got into this because we worked with Jeremy [Hockenstein], who leads LIF. We worked with one of his previous organizations called Digital Divide Data (DDD), which he was a founder of, trying to get some of the workers at DDD to take English classes. This is how we met him and discovered our work actually aligns with this big eyeglass initiative that we're working on where we're testing all these new supply channels, whether it's through vision camps, churches. They're working on many different supply channels.

Part of actually making it work isn't just going to get the logistics in place and making sure the glasses actually make it to the pharmacies, but making sure people actually start going to pharmacies to buy glasses there. I'm using pharmacies because this is where our two projects were focused on last year, but for any supply channel. LIF is always going to be doing something new, something that hasn't been done, or at least done at scale, otherwise the problem wouldn't exist. So the need is to figure out how do we get the consumers, clients, patients to flock to this new service or this new delivery channel? How do we generate the demand along with the supply?

Ambika Samarthya-Howard: In your research, what did you find that was working? What are some examples that did work to get people to these supply channels?

Baptiste Teyssier: To give a bit of context on the two projects, the first one we did in Kenya with Maisha Meds, the pharmacies weren't yet selling glasses, so we couldn't look at what works, what doesn't yet. It was more around understanding, how could we design the launch to try to have success. The second project was with VisionSpring in Ghana. They had had the project running for a while, so we were able to see both, where there were issues that we'll have to resolve and what were the things that were working.

Ambika Samarthya-Howard: If you could talk about the issues or the limitations and then anything that you've discovered, that would be great.

 **Baptiste Teyssier:** Pharmacies are everywhere so it shrinks the distance, which is the idea behind the program. And that is verified. People know where their pharmacies are. They go to their pharmacies. They trust their pharmacies. So it is uniquely placed to fill a gap in the official market for glasses, which is very expensive. [And while “official markets” for eyeglasses, such as hospitals and private eye clinics] are seen as very trustworthy, you have to wait weeks to get glasses, and it costs a fortune unless you're insured, which most people aren't.

Then there's the underground black market where you buy glasses off the streets. It's really affordable, but how trustworthy it is and the quality of the glasses is a big question mark. People actually don't trust it, so only a portion [of people] actually use this black market. So pharmacies are uniquely placed to where it's trusted, it is seen as a reliable medical location, and the glasses would be of quality for these projects, but it's a lot more affordable.

Ambika Samarthya-Howard: Who did you say was in the top tier? It was the hospitals, you were saying?

Baptiste Teyssier: Hospitals, private optical shops. Most private optical shops would have an in-house optometrist doing tests. So they would be able to both diagnose and equip people with glasses. And private eye clinics.

Ambika Samarthya-Howard: But you are saying pharmacies are really uniquely placed?

  **Baptiste Teyssier:** Yes. Pharmacies have the potential to offer something where people know where it is, they've been. We'd meet people who were living next to the optical stores and would never set foot there because, holy cow, glasses are like 800 cedis [around $51.12]. They make 30 cedis [around $1.92] a month. Whereas the pharmacy, it is where they go when they have headaches. They know the pharmacist. They talk to them. It's a service they've used, and so there is a chance that if we put glasses there, they might start using them. They might start buying them there. So that's the big potential for pharmacies.

There's a few limitations. Obviously the big one is that no pharmacy has sold glasses before, so either people don't know about it or, when they see it, the trust has to be maintained. Just because there is default trust doesn't mean they'll trust whatever the pharmacist does and says. Like, "Wait, how come you're suddenly selling glasses? We need a machine, an exam and a doctor. Otherwise the glasses might hurt my eyes. You don't have any of this. How come you're selling me glasses? I don't quite trust this." So there's a question of, how do we maintain the trust that the pharmacist has earned before on medicine, into glasses. How do we ensure people know their pharmacist has started doing this new thing and it's affordable?

 We kept seeing people who had noticed there were now glasses in their pharmacy, but then they were like, "Yeah, it still is too expensive for me. I'm not even going to bother asking about it. It'd be embarrassing. What if I ask how [much] the glasses cost and then I have to say, "I don't have the money to pay for it." I'd rather not broach the topic at all. It's not for me." So raising awareness of both the product being offered and the price.

Ambika Samarthya-Howard: Based on that, who would be the ones making those changes happen? What kind of support would you need – and from which actors – to make sure that people were using the pharmacies more?

 **Baptiste Teyssier:** That's a good question. This is going to depend slightly. Our strategy isn't the same in Kenya or Ghana, for example. In Ghana, there is support from the organization actually selling the glasses. So in this case, VisionSpring has to do some marketing. Pharmacists,

and pharmacies in general, aren't the type of businesses that market. If you wait, people come with a sickness or with a prescription. You give them what they need or you give them advice if they ask for advice, and that's it. They don't do too much marketing except for free medical camps every now and then, but they're not going to push products and put radio ads or things like this. It just isn't very common. So this has to be taken up by the organization, in this case by VisionSpring. Things like medical camps work, but also radio campaigns, potentially billboards. In Ghana there are these public information systems, which are really just a tower with speaker phones on top that broadcast messages at dawn when people are still at home. These work like a charm and VisionSpring has been using them, which is wonderful.

And it's like, how do we maintain use and how do we maximize the awareness that comes from this? Because it works. VisionSpring tended to use them for big promotional events. Like, "Come to this vision camp." And that would work, but then the messages would stop. It's like, "Let's keep it going so that people know, hey, the camp is over but the glasses are sold in the pharmacy now. And maybe we can put some reminders."

Ambika Samarthya-Howard: In a lot of these areas, there's outbreaks, there are a lot of very pressing life and death health concerns. How do you get people to focus on eye care?

Baptiste Teyssier: Definitely one of the big two words you'll keep hearing me mention is motivators and barriers, because that's what our framework revolves around. We want to increase motivation for behavior and remove barriers to this behavior. And one big barrier definitely is lack of urgency. Either there is a big outbreak or just a need to focus on paying the bills or buying food. So, “Sure, my vision's blurry. It's been blurry for five years. What's the big deal?"

It's a tricky one, and the answer is not going to be the same for everyone. Where people who have vision-intensive jobs, tailors, weavers, electronic repair, suddenly urgency goes way high because it's like, well, either get glasses or you can't really do your job anymore. For people who just can't read the Bible at Sunday Church and that's it, urgency is much lower. That doesn't mean they don’t care. Especially in southern Ghana, southwest Ghana, heavily religious regions where being able to actually read the Bible and participate in church is important. But It's not the same urgency as putting food on the table.

 When the program offers such affordable quality glasses, that in itself creates urgency. People think, wait, if I don't buy them now, when am I going to get them? We kept hearing of pharmacists or vision camp people who would tell us, "Yeah, people buy more than one pair because they're afraid we're going to run out or stop selling them and then they'll have to pay." VisionSpring was selling the glasses for between 15 and 35 cedis [around $0.96 and $2.25]. In a hospital it costs 600 to 900 cedis [around $38.34 to $57.51], if not more. So we even had pharmacists who were put in challenging situations where people would need something other than reading glasses, they had bigger prescription issues, but would still ask to try every single

glasses that the pharmacist had to make sure that none of them would work, because it was a deal they didn't want to miss out on.

Ambika Samarthya-Howard: That scarcity model is pretty much how every product gets sold everywhere in the Western world too. With things like, "Black Friday sales" or a "new release" or "limited edition." The scarcity doesn't even actually exist. It's just the perception of scarcity.

 **Baptiste Teyssier:** Yeah, this was one of the recommendations in Kenya. If we can play with, get creative with, pricing, we can create both a sense of urgency, and also potentially make it even more affordable for the really lowest income patients. Kind of play to this desire to take advantage of a deal, which, especially in Kenya, was a strong motivator. We saw it in Ghana too, but more so in Kenya, people care about the feeling that they are getting a good deal, whether it's on their clothes, on glasses, getting something for less than it normally costs is a reason for pride from what we could see.

Ambika Samarthya-Howard: You mentioned that Maisha Meds hadn't started yet and that it's just now in its pilot phase. Based on what your learnings were in Ghana, can you compare those two models?

We particularly want to explore this idea of partnerships because, to me, there's a whole system at play. And you've mentioned a few of them. You've mentioned the hospitals, you've mentioned the black market, we talked about pharmacies. I'm wondering when we talk about scaling, who are the partners that we need to see work forward successfully?

 **Baptiste Teyssier:** In both cases, glasses are made by VisionSpring. In Ghana, Visionspring is also working with the pharmacies themselves. And Maisha Meds is the organization in Kenya.

One thing that we saw in both Kenya and Ghana is that style matters. People want certain styles of glasses. What this means changes village to village, country to country. For example, in Ghana, if you're in the city, people want bigger glasses. If possible, shinier, more colorful. Not the same color for men and women, not the same shapes. If you go to the countryside, suddenly people want dark square glasses because it's more serious and not to be seen like they are wearing glasses to be fashionable. In the villages they want something as inconspicuous as possible.

I don't have at the top of my mind exactly what the preferences were in Kenya, but they were also different from Ghana. So in a way, VisionSpring, by being their own provider, may have more flexibility to make sure what they offer matches the demand.

On the other hand, VisionSpring could get glasses from different providers. It's a different skill set, both come with their own challenges. Either you're the entire supply chain, production and supply,

and you have to align all of it, or you have to be really good at managing different providers and making sure what you get from them matches what your end customers want.

Ambika Samarthya-Howard: That makes sense. And then what are the other partnerships, or what else have you seen could be effective in scaling?

Baptiste Teyssier: I think I mentioned earlier there's the question of, how do we maintain trust? It still is kind of fishy. We met a pharmacist who had glasses. This was in Kenya. It wasn't Maisha Meds. That pharmacy just had a glasses stand, which is fully legal in Kenya, so there was no problem, and they were all reading glasses so no need for prescription. This was all above board, perfect.

 The pharmacist himself was convinced that he wasn't allowed to sell glasses without a prescription. He wasn't the owner, he was just a worker. And so he would turn away every customer who came asking for glasses unless they had a prescription, and he would send them to the optometrist down the street and be like, "Then you can come back and I'll sell you glasses then," which is wild.

Having some sort of partnership with, in Ghana they call it the Pharmacy Board, but whatever health ministry or something that, whatever the authority is ruling on what pharmacies can and cannot sell, is going to be key both for pharmacists to trust that they're allowed to do this and then for the public to also have this authority. It'll be particularly efficient to get pharmacists to know, "Okay, I'm allowed to do this." Because this was a recurring topic in Kenya, believing that they weren't allowed to sell them.

Obviously in Ghana the ones we were talking to were part of the program, so by now VisionSpring had done the work and they knew it was okay. But in Kenya people were like, "Wait, me selling glasses? No, that's impossible. I'm not an optometrist." We discovered they're all in this big WhatsApp group where they get direct updates from the Ministry of Health. And getting something from the Ministry to say, "Yes, you can." That will be key to getting them on board. And then getting some sort of a diploma or something that they can point to when customers think this is a weird product to see in a pharmacy.

Ambika Samarthya-Howard: You've shared some really valuable insights about the supply side, with pharmacies. Have you seen anything else that you felt was really successful in terms of increasing demand? Can you share some of the things that are working specifically with the Appleseed model around behavior change and getting people to actually increase the demand?

 **Baptiste Teyssier:** Okay, when we were looking at motivators, there are two types of motivators. What we refer to as direct benefits, like, "Wear glasses. You'll see up close better. You might earn more money at work." Those are nice. What's really powerful and what's really used in

marketing is what we call intrinsic motivators. [Things like] love, community. What Coca-Cola uses to sell us Coke products. And Apple is like, "Oh, you're innovative and smart." Sure, they're telling us about the product as well, but they have this whole brand identity that's built around some core motivator that they're referring to. People who buy a Toyota are smart. They get value for their money. People who buy Ferrari, status. Coca-Cola, depending on the country, they go for youth, sex, family, Christmas. They use all these cool things.

We're seeing these [intrinsic motivators] in Kenya and Ghana as well. Not for glasses because this is new for both VisionSpring and Maisha Meds, but in Ghana in particular, people kept referring to the southwest of Ghana as the Ashanti region. This local culture, the Ashanti culture, was something people took huge pride in. And we kept seeing paint companies leverage, like, "Oh, the tradition of the Ashantis and pride in West Africa."

Pride in the local culture was huge. Caring for the community was also a big one. Latching onto these local motivators, we think there's a huge potential to drive demand. If we create a brand identity for the glasses that's not like, "Hey, it's VisionSpring and international development," but instead working with a marketing agency to create a brand image, and messaging that falls on these emotional strengths, in a way.

Ambika Samarthya-Howard: If you had more time and more money, what are some things you would have tried to learn more about or tried to research more about?

Baptiste Teyssier: Oh, that is a good question. I wish we had had this conversation much closer to the project. I would have had so many more answers. There's one barrier, we saw in both countries, though with some nuances, there's a stigma around glasses, right? It's not the same stigma exactly. In Kenya it has more to do with people thinking that you're trying to look good or trying to look fashionable, or you're trying to look smart or trying to look like you have money. You're trying to look more than you are. Versus in Ghana, it had more to do with people not wanting to seem like they were old or weak or needed something. But in both cases it was seen as an embarrassing thing, and you were breaking the mold because you were one of few people with glasses. People would ask questions, make comments. So there's this big question around how social norms change over time. If we get enough people with glasses in certain settings, that'll start playing for us instead of against us. There'll be pressure to wear glasses.

We have some sense of where people wear more glasses, where it's more visible, where it isn't. We have some understanding of what the stigma is, but I'd love more research on other social norms that have switched, behaviors that have become adopted, and what LIF refers to as the tipping point. That would be fascinating. It's kind of a big question for LIF at scale and it would be a fascinating one to get answers on, too.

Ambika Samarthya-Howard: How long ago was your project with Livelihoods Funds?

Baptiste Teyssier: Maisha Meds, I think we traveled in April for research last year. And VisionSpring, we did research in June, I want to say. So between six and nine months ago for both of them.

 You had asked me, how did Ghana influence Kenya? I would be curious to check on some of the things I learned in Ghana, and whether they have been a problem for Maisha Meds as well. In particular, trust. When we did the project in Kenya, we were like, "Oh yeah, people trust pharmacists. That's something you can leverage." And then we got to Ghana and people were like, "Yeah, we trust pharmacists. Not with glasses, though. That's weird."

So I want to know whether this has been a problem in Kenya. And if it has been, how they've approached it. Kenya has both legal pharmacies and illegal, unlicensed, pharmacies. Surprisingly, the unlicensed ones were like, "Yes, we'll sell our glasses. Of course." They're already working illegally. They're not allowed to sell anything. So they were like, "This helps the community, potentially I make money. Let's do it."

The legal pharmacies were like, "I don't want to lose my license. Heck no, I'm not going to start selling glasses." And I know Maisha Meds primarily, if not exclusively, works with the licensed pharmacies because they're not allowed to work with the other ones. So yeah, how have they approached this element? How big of a challenge has it been to get pharmacists on board, train them? I'm very curious about how they are handling all of this.

Ambika Samarthya-Howard: So let's say you go to your local pharmacy and they start selling glasses. And some of them do. Let's say I would never get my glasses there and currently I get my glasses from an eye doctor. How would I possibly start to trust them to get my glasses? What would need to happen? What would actually move the needle on this?

Baptiste Teyssier: I guess I'm curious, do you have prescription glasses or do you have reading glasses?

Ambika Samarthya-Howard: Prescription glasses.

Baptiste Teyssier: I'm the same. And it had never crossed my mind to even ever try glasses somewhere else because, no, I need a test.

I think the experience is very different for people who are just older and start needing reading glasses. They don't feel the need to go see a doctor, get a test, or they do the first time and then the doctor's like, "Oh, you just need reading glasses." Then it becomes a convenient and affordable solution to their problem. For us, we wouldn't get our solution.

Ambika Samarthya-Howard: You mentioned people trust their pharmacist but don't trust their pharmacist about glasses, which I would never have thought about asking that double-layered question. What are the things that need to happen that would create that trust? Because you already have that trust, you just don't have that trust with something specific.

Baptiste Teyssier: Part of it's going to be time. I'm sure people didn't trust CVS at first when CVS started selling glasses. And then we can try to speed things up. There's a few ways. VisionSpring organizes these vision camps in every community, both for more than just presbyopia and reading glasses, but also whenever they start a pharmacy, there's a promotional vision camp at the pharmacy to let people know, "Hey, glasses are affordable here." They brought in a doctor, an optometrist, to run the camps, and the optometrist was doing everything, and the optometrist was leaving.

 That creates some awareness. It doesn't build any trust, like, "Hey, let's get the pharmacists in there." Let's get people seeing that the pharmacist is doing it. He's doing it. He's been trained. VisionSpring is trusting them. Getting [pharmacists] involved somehow, visibly, so that the community members start realizing, wait, there's a connection between pharmacy and vision, actually. VisionSpring trusts my pharmacist to participate in the camp. There has to be a reason.

Some sort of external source of, "Hey, they're allowed to do this," even if it's a VisionSpring-issued diploma, it doesn't have to be the government. If it is the government, that's amazing. If we can't get the government to do this and it's just VisionSpring's printed diploma that says, "This person is allowed to sell glasses," it's very nice.

Community leaders or church leaders, professional associations. Every profession has their own association. The weavers, the tailors, they all meet once a month. If the leaders from these associations push a message. How do you build trust? You build it on the trust that you already have. So if you trust your church leader and he tells you to trust the pharmacist with this, whatever trust you have in them transfers. So yeah, how do we leverage what's already being trusted and rub against them and take some of that trust for ourselves?

Some pharmacies in Ghana still do a lot of tests. They test for malaria, they test for blood pressure. I have a picture of the sign that says all the tests they do. People will know about this because it's been around for a while and there's marketing around it. Pharmacies will sell you test packages and things like this.

 Doing the same marketing, if I just walk into a pharmacy and there's glasses, I might be like, "Is this pharmacist shady as hell?" If I start hearing ads on the radios about local pharmacies selling glasses, certainly that's probably still some doubt, but less so. It's going to be a combination of all these things and just knowing people who've gone to the pharmacy and bought glasses there and had a good experience. For the black market, that was all they had. They've

been here for a while and people are happy with the service, so they tell their friends and then their friends come. And that was enough to build trust. In Ghana there was a lot of trust in the black market, and that was built off of word of mouth and time exclusively.

Ambika Samarthya-Howard: Thank you so much. This has been really insightful.

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Ambika Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*