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For Policymakers

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International

Development

Health Policies,

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Financing,

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and Management

Strategic Stakeholder Communications for Strengthening Health Systems

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*F*rom the US and the UK to diverse developing and transitioning countries across Africa, Asia, Latin America, and Eastern Europe, governments, private sector interest groups, and citizens have learned the decisive role communications, or the lack thereof, can play in the effectiveness and the sustainability of health reform initiatives.

Leading proponents of reforms are now adopting marketing and communications methods, traditionally focused on promoting one specific behavior or commodity, and using them to support positive changes across the health sector and at all levels of a health system. Technical improvements in services, organizations, incentives or policies to strengthen a health system often require commensurate changes in the:

▲ attitudes or practices of patients in seeking and paying for care

▲ attitudes or practices of public and private providers in delivering and charging for care

▲ attitudes and practices of public officials in managing and financing the system.

Persuasive and informational communications designed to raise stakeholder awareness, modify opinions and attitudes, and change professional behavior and personal practice are instrumental to the strategic management of the health reform process. Nevertheless, health sector communications activities are usually fragmented at the grassroots along vertical program lines, or focused on commodities, and at the policy level, generally limited to traditional dissemination modes. Often, the full potential of strategic communications is underestimated or neglected by social scientists, policy planners, central managers, and donors who help engineer health system strengthening in middle and low-income countries. This primer explores how a calibrated mix of targeted and mass communications can help bridge the science and the art of making lasting health system improvements.

"Communications" in the context of health system reform and this primer signify "the exchange of ideas, messages, or information by inter-personal, print, electronic and mass media". This exchange may be direct or indirect, at an instant or over time. Regardless of the means used, a response is sought from the individual or the mass audience, be it making a decision, forming an opinion, using a new skill, or changing a health care seeking behavior, or an unhealthy practice.

Communications, as opposed to one-way dissemination, implies a two-way channel, and usually entails multiple channels. "Strategic" communications refer to concerted and complementary activities with a defined objective or related set of objectives, based on research, and employing a mix of media to engage (inform, attract, motivate) and respond to stakeholder audiences.

Linking the Health System to People

This primer is directed to policymakers and managers charged with the implementation of new health sector policies or systems that involve social change, and to donors, technical advisors, and reform teams working with them on such initiatives. The primer presents a framework for using communications strategically to complement or supplement technical interventions and to help moderate a highly complex and dynamic process.

First, the primer asserts that, systematic communications contribute to the effectiveness and the sustainability of those health policy or system improvements that have a *direct impac*t on the public, or health workers or political actors. Therefore, this primer also indicates the need for adequately funding the development and execution of communications strategies that support the adoption, implementation and monitoring of such health system changes.

Second, this primer illustrates the uses of research-based communications to reach a range of diverse and critical stakeholders in any health system. Change agents can use similar communications methods to attain different communications objectives:

▲ To win financial and political support for or deflect opposition to health system improvements

▲ To facilitate implementation and acceptance or ownership of a specific new policy or set of improvements

▲ To ensure that policy and operational reforms achieve their objectives by responding appropriately to the needs of intended beneficiaries.

Third, the primer also describes approaches and techniques appropriate to distinct audiences and communications objectives and shows how even resource-poor initiatives can use traditional or available communications methods and media

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to improve the chances for success. Real country examples and an illustrative country case study describe the application of orchestrated communications to enhance stakeholder participation and facilitate the implementation of a major reform initiative.

Last, the experiences in diverse countries provide lessons and raise questions for further investigation regarding stakeholder communications mechanisms and health system strengthening initiatives.

Fostering a Positive Communications Environment

Access and Culture: Information is power. In many countries, the notion of information and data collection, let alone the sharing of that information, is foreign or at best new and often threatens those who are responsible for implementing the health reform or those expected to cooperate with it. In turn, donor organizations and technical experts need to recognize and respect differences in information cultures and communication styles and adapt communications approaches and expectations accordingly.

Information technology from satellites to the Internet is starting to break rigid control of access to information. Yet much of the population, including ministry of health personnel, in many countries still does not have easy access to information, and perhaps more importantly, does not have the custom of *seeking* information. Illiteracy also increases the challenge of information dissemination and communications among communities and requires concerted efforts to engage such groups in the health reform process and to reach them with health and consumer awareness information.

Inside health sector institutions, appropriate *incentives* to seek, use, and share information have to be created. In some cultures, regardless of how high the literacy rate, the preference is for verbal and visual communication and documents that are not preceded by an oral presentation do not get read. In others, just the opposite is true: if there is no documentation to substantiate the content of a presentation, the messages are largely ignored. Some cultures value data and statistics more than others, other cultures give more weight to the credibility, persuasiveness, status or authority of the presenter.

Credibility: While premature, incomplete, or untimely release of information about reforms

can be harmful to the process, total lack of communication (meaning a two-way exchange) between proponents of system strengthening and stakeholders can doom an initiative. Lack of communication, or partisan self-serving, or inconsistent communication only increases confusion or, worse, mistrust in government motives and may create a negative image of efforts associated with reforms. At the same time, if appropriate incentives and capacity for carrying out system improvements are not in place inside the health ministry and the system, the most effective communications about reform can only lead to frustration by creating unrealistic or false expectations.

Reform actors must balance the use of communications for political expediency with the credibility of the reform initiative. This is why a communications plan must be devised along with the preparation of the reform initiative as part of the strategic and implementation plans and then adjusted accordingly as the dynamics of the process evolve. What cannot vary is the commitment to transparency and the proactive seeking of feedback from stakeholder representatives.

Governance: The recourse by reformers to communications and information media implies there is an open environment where *transparency and participation* are respected and valued. Conversely, communications and information dissemination are important tools to promote transparency and participation, for without access to information it is difficult to build the capacity to use it. Nevertheless, the use of communications in a closed or controlled information environment reduces the activity to empty propaganda and does not permit genuine stakeholder participation or policy dialogue and much less community feedback.

The process of policy change involves a mix of closed and open information and communication intervals for efficiency and prudence. Leaders of health system reform or proponents of a policy change must determine at which intervals to use communications strategically and open the process.

Accountability: Regardless of the political system, transparency and participation, encouraged partly through communications, are essential to sustainable development and the success of health reforms that affect every member of a society. Communications activities complement other government actions to win the public's trust in public health systems that are seeking to change and strengthen their regulatory, financing, or provider roles and meet public health objectives. In the same turn, access to communications media enables nongovernmental groups and

other stakeholder groups to promote their interests in the health reform agenda. When opposition groups make effective use of the media, the importance of government transparency and effective communications about its intentions is paramount to the successful advance of the reform agenda.

Intersectoral Cooperation: The complexities of multiple funding sources and the political nature of bureaucracies often fetter cooperation on cross-sectoral health issues at the policy level. However, such cooperation usually arises de facto from operations in districts and communities. Government ministries, donors, and NGOs can leverage local communications efforts, and possibly pool resources, to present target communities reinforcing messages from different sectoral programs or multiple services that impact health, reducing audience fatigue or, worse, confusion with competing health messages and priorities.

In sum, whether a reforming government opts for a gradual or "big bang" approach to strengthening its health policy and system, the consistent, coherent, and strategic use of communications is essential. Research-based communications help launch and retain the momentum for health improvement initiatives and enhance the system's responsiveness to the needs of the population. Communications alone cannot change those who control, use or work in a health system; but the absence of deliberate communications can block change. Service delivery, financing, or regulatory improvement initiatives designed to align incentives, modify attitudes or change practices among managers, providers and consumers will founder without a strong communications capacity and outreach to different constellations of stakeholders at appropriate points in the cycle of planning, implementation, and evaluation.

Using Communications to Advance the Process of Strengthening Health Systems

Communications, from inter-personal to mass media, promote the awareness and participation of stakeholders at all levels and stages of the health reform process. A multi-track communications strategy that targets key stakeholder groups in the health system can attain several inter-related objectives that support health reform and its successful implementation, namely:

▲ Consensus-building

▲ Decisionmaking

▲ Health worker motivation

▲ Consumer awareness and informed choice

▲ Health education and promotion

The achievement of strategic objectives and the sustainability of those achievements requires systematic, reiterative, effective communications with those involved in the health system, on the supply side, in terms of policy, financing, management, service delivery, and on the demand side, in terms of patient or consumer, family, and community.

Consensus-building: Reform means changing the status quo. At every level of the health system there are stakeholders who will have to change in res-ponse to reform. Health reform is a political process as much as it is a clinical, economic, socio-cultural, and management process. The success of most health reforms hinges on the understanding, participation and cooperation of health care providers, managers and consumers. It often requires new partnerships, between public and private health sectors, between government and NGOs, between vertical and sector reform programs, which require the building of goodwill and trust.

Communications activities designed to support advocacy and consensus-building for the reform agenda provide stakeholders a better understanding of the needs that proposed reforms seek to address and how the society will benefit. Communications project and articulate the reform vision and help make it a shared vision. Misunderstanding or ungrounded fears resulting from lack of accurate information on the objectives and contents of proposed reforms can foment resistance to change or distrust of government initiatives.

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Consensus on reform strategy and policy is important among different actors in the health system: among government leaders, academia, donors, public, private and non-governmental health sector managers, and community or consumer representatives. Consistent communications and transparent information-sharing at every stage of the change process builds the necessary commitment of health reform actors, overcomes passive bureaucratic resistance to change, raises community awareness and sustains reform momentum.

Decision-making: Health reform is a complex process that requires much technical analysis and deliberation. The decisions facing senior policymakers who must balance competing interests can be daunting. Advocacy or persuasive communications are important to win political support or deflect opposition to reforms. Policy communications are important to distill technical analyses and present feasible (politically and socially viable) policy options to decisionmakers in non-technical language.

Such communications promote dialogue among researchers, technical advisors and policymakers, between donor and government representatives, and between MOH reformers and stakeholders at the highest levels of government and throughout the health system. Communications that explain research findings and proposed policy reforms also promote consensus-building which facilitates decisionmaking by those with political concerns. Where a ministry seeks the cooperation and active involvement of NGOs and private providers, advocacy and policy communications are indispensable to the public relations interactions with these particular interest groups.

Health worker motivation: Those who are expected to carry out the reform need to understand the reform. Health workers need support to make the attitudinal, behavioral, and professional practice changes intrinsic to health system improvement. Experience in many countries has shown the failure of policy implementation due to poor communications of a new policy. Communicating with health workers mobilizes their willing participation in the implementation of reforms and supports capacity-building.

Policy briefings and other communications activities are important to inform and solicit feedback from health system managers and providers who in turn must motivate those who work with them. In particular, the support of ministry officials and public health workers from headquarters to districts is vital to the success of any sector reform. In many countries, the collaboration of numerous donor-sponsored vertical programs focused on a specific health issue is critical to

the implementation of system reforms, particularly those designed to improve quality and integrate care.

Systematic communications and information dissemination throughout the health system bureaucracy includes these stakeholders in the reform process and deters the passive resistance or active opposition that uncertainty about reforms affecting their status can generate.

Consumer awareness and informed choice:
Informed health consumers will make better in terms of utilization of health services, especially priority services and preventive care. Educated consumers are better able to appreciate good quality care, participate in decisions about their health care, and claim their rights as patients. Consumer concerns and preferences must be solicited to ensure a reform that affects them has the desired impact.

Communications and public information dissemination activities that explain patient rights or the benefits of a specific health reform to consumers is critical to the success of the effort, even in societies where consumers do not generally have a voice or organized representation. Where patient choice of provider is a reform objective, communications about quality of care raise consumer awareness and help the consumer to make discerning choices.

Health awareness and disease prevention:
The ultimate goal of health system strengthening is to improve health outcomes and this means the population also must take responsibility for its own health through healthy behavior. In addition to curative care, comprehensive primary care reforms entail strengthening preventive care, counseling, health education, and community outreach. Initiatives designed to improve service delivery, quality and access can leverage existing health promotion vehicles

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also to inform communities about the improvements. In turn, better systems and services should include better health awareness.

Some health reforms are adopted in order to enable the system to respond to an aging population and a rise in lifestyle-related and chronic illnesses. Many developing countries are facing the double burden of communicable and non-communicable diseases. Health communications are needed to raise awareness of these new risks in addition to those traditionally addressed by the vertical programs. At the same time, health reforms to integrate service delivery should draw on the capacity and experience of vertical programs to sustain and expand health promotion efforts.

Example from the Field

Promoting understanding of a comprehensive health sector reform agenda
In Egypt, a task force composed of Ministry of Health and Population officials and donor–sponsored technical experts produced a long, detailed technical report in English on the country's health reform program. The health reform communications team interviewed key stakeholder representatives about their understanding of the health reform program and questions they had about it. Based on these interviews, the MOHP produced a short booklet in Arabic and English with photographs and an attractive graphic format responding to the most frequently asked questions by the stakeholders. The text of the booklet was then used to create short briefs on specific topics that were distributed to the press. The text was also used to script speeches and used in presentations by Ministry spokespersons. The booklet helped health reform teams explain and discuss the reforms at the district level as well as prepare shorter, simplified versions for distribution by facility personnel and health educators at pilot clinics. The Ministry's information center was developing a website and adapted the graphics and text from the booklet to set up a section on health reform. *(Advocacy and policy communication)*

Approaches and Media Mix

In order to promote better health systems and include key stakeholders in the process, different approaches and mixes of media are often used for complementary but distinct purposes:

▲ *Advocacy* raises public awareness of the reform agenda, promotes policy dialogue, builds stakeholder consensus, solidifies political support or counters opposition. Advocacy takes place on the national policy level and on the local government and community levels. Media relations, proactive use of mass and specialized media, are an important element of advocacy communications that can focus on an entire sector program or a specific issue.

▲ *Policy communication* informs decisionmakers and managers, facilitates evidence-based decisionmaking, builds consensus and orients, so to motivate, health workers. This type of communication presents applied or operations research results and policy options or analysis of the impact of proposed policies. Like

advocacy, policy communication is also important to moving forward the process of involving the private and NGO sectors in improvement programs.

▲ *Capacity-building* communications with health professionals through specialized broadcast and print media, as well as new computer-based information media, motivate health workers and support training and follow-up in quality improvement, management and service delivery. Inter-active technology facilitates distance learning and increased access to information that affords continuous education and supports institutional change.

▲ *Public information* mass media campaigns and services couple with community outreach to inform consumers about new policies and services, patient rights and benefits. Strengthening public information functions, including consumer complaints, and access to information about public services is an important step in increasing or restoring public confidence in the public health system

▲ *Social policy and program marketing* mass media campaigns create demand for quality, priority and preventive services or new insurance programs. Marketing research used to prepare these campaigns also supports policy testing and decisionmaking. Multi-dimensional campaigns can serve a mix of advocacy, public information, and health awareness aims.

▲ *Health information, education, and communication* (IEC) efforts strengthen and expand on traditional programs to raise awareness of new health risks the reform program seeks to address, to encourage use of priority and preventive services, and to increase access to consumer health information. Health workers

Examples from the Field

Engaging communities to develop and use prepaid plans for priority services
In Rwanda, the Ministry of Health and church groups collaborated to conduct a widespread, intensive community consultation process preceding the introduction of a new insurance program requiring prepayment by subscribers. These "town meetings" helped shape the program and later promote enrollment in it. These consultations ensured the appropriateness of the benefits package and the fees for the intended beneficiaries and greatly enhanced the acceptance of the new insurance scheme among the public. The prepayment schemes, conceived to increase utilization of primary and priority services, also received a boost in customers after the mass media interview of a satisfied mother who had paid in advance and then later used the plan to cover the costs of delivering her baby. She testified that the plan provided for the promised benefits and that she was treated well. In addition, the Minister of Health appeared on a radio talk show and answered the questions of the talk show host and the audience about the insurance plan. *(Consensus-building, consumer awareness, public information, and marketing)*

learn to improve communications skills and also complement public information activities.

The table on the next page shows all of the above activities may use similar types of media in a different mix and are reinforced by *inter-personal* communications. Some of the activities may run parallel to each other, others may overlap, while others may take precedence at certain stages of the reform process. All are necessary in any comprehensive health system strengthening program.

Developing a Communications Strategy and Plan

Reform coordinating teams in ministries should include a qualified and experienced communications professional to manage the development of a communications strategy and plan that are synchronized with the technical program and incorporated in the budget. The strategy targets priority audiences (stakeholders) and identifies objectives, key concepts, and themes or messages, drawing on the results of prior stakeholder research and strategic planning activities with top officials and reform advisors.

The plan specifies the most appropriate media mix to reach any given stakeholder audience, the sequencing of activities, and in-house resource requirements, responsibilities, and timing. The plan should specify what specialized research or production functions, such as surveys, focus groups, printing, advertising, video or film production, are solicited through a competitive process from local communications and marketing firms. Periodic monitoring of communications activities (included in the plan) determines the most successful approaches and cost-effective means to be factored into successive communications efforts which change according to the dynamics of the overall reform process.

Building Capacity to Communicate

There are many levels of communication in the health reform process from inter-personal to institutional to mass communication and there are distinct communications objectives at different intervals of the reform process, as outlined above. Yet, in essence, they all serve a similar function: *distilling complex and technical information and presenting it in the most appropriate way to the intended audience or user of the information:*

▲ To increase awareness and shared understanding of reforms

▲ To solicit and receive feedback

▲ To introduce new concepts, new ways of thinking and behaving.

It is not necessary, nor efficient or feasible to have every type of communications capacity in-house. What matters is knowing *when* to use communications and how to access professional communications support, that is, having the

Creating demand for quality primary and preventive services
In Jordan, a new initiative to increase utilization of improved primary health care services needed a symbol to identify accredited quality services for the public. To create an appropriate logo that would appeal to the general public the Ministry of Health announced a contest to design a symbol for quality health care. Several designs selected by the panel of judges were then transformed for mass media use by an advertising firm to test the logo in focus groups around the country. The targeted audience was involved in planning the awareness-raising process from the start. The final logo will be used to identify high quality clinics and also validate health information materials and advertisements. Mass media campaigns to raise recognition of the logo and identify it in the public's eye as a "seal of good health" will motivate consumers to seek it out and also motivate health workers to earn the right to exhibit the seal on their clinics and uniforms. *(Health worker motivation, consumer awareness, health awareness)*

Overview of Communications in Health Systems Strengthening

Objective	Approach	Audience Research tools
Consensus-building **Political Support** **Stakeholder participation** **Issue management** *Expected results: Policy change; Legislative change; Social change*	Advocacy; Media relations; Public relations *Timing:* Pre-vote Policy or program testing Pre-Implementation Reaction to threats	Stakeholder mapping and analysis; in depth interviews with key stakeholder reps; focus groups with patients and providers; review press reports, polls on health policy issues; existing household surveys
Decisionmaking **Consensus-building** **Issue management** *Expected results: Policy change; Institutional change*	Policy communication *Timing:* Policy design and testing and ongoing through successive cycles of reform development and monitoring	Stakeholder analysis; in-depth interviews with influential stakeholders; Press and news media
Health Worker **Motivation** **Capacity-building** *Expected results: Institutional change; Behavior, attitudinal change*	Policy communication; Information dissemination; Training and capacity-building support *Timing:* Preparing implementation and ongoing	Focus groups; interviews with managers and representatives of professional associations; provider and facility surveys
Consumer Awareness, Public Information, and Marketing *Expected results: Social change; Care-seeking behavior change*	Qualitative and other marketing research; Social policy or service advertising and marketing; Information dissemination; Community outreach and promotion *Timing:* Implementation and ongoing	Focus groups; patient satisfaction surveys; interviews with district and community health representatives; household surveys
Health Awareness and Prevention *Expected Results: Health behavior change; Social change*	Qualitative research; Advocacy; IEC or social marketing; Community outreach and promotion *Timing:* Can precede and coincide with advocacy and marketing; Ongoing	Focus groups and in-depth interviews with patients, providers and health promoters; Disease surveillance data

Examples from the Field

Raising consumer awareness of new services, insurance and patient choice

In Kyrgyzstan and Kazakhstan, government programs to reform the financing and delivery of primary care, including patient choice of provider, led to the establishment of multi-specialty family group practices that had to compete for patients. A Family Group Practice Association formed that helped set quality standards and market the services of family practitioners. To raise public awareness of the benefits of seeking care from family doctors, the marketing team organized family health fairs, distributed coloring books with drawings depicting family health care, rented billboards on the public bus system, developed a logo, prepared information brochures for the practices, and used mass media spots and press interviews to reach the largest possible audience. A combination of ministry of health and technical assistance personnel, marketing students, and association volunteers carried out the campaign. *(Advocacy, consumer awareness, public information and marketing)*

Media mix	Audience	Who implements
Press kits, dossiers, fact sheets; Press briefings, inter-views, and editorials; Speeches; Conferences; Pamphlets; TV and radio spots; Video broadcast and discussion groups; Special webpages; Endorsements; Community outreach; Networking; Lobbying (inter-personal)	National and local government and elected officials; Mass media and specialized journal-ists; Medical and public health academics; Health sector professional associations/unions; Influential religious and social leaders and celebrities; Private health sector and NGOs	Central and local Ministry of Health leaders and spokespersons; stakeholder coalitions; Public relations agencies
Policy brief; Executive summary; Seminars and briefings; Presentations using graphs, charts, and computer-based simulation models; Workshops; Conferences; Demonstration sites; Inter-personal	MOH and government leaders; Senior ministry management at central and regional levels	Central and local Ministry directors and policy, monitoring and evaluation and technical support; Donors; Technical advisors; Policy and operations researchers
Briefings and workshops; Demonstration sites and study tours; Specialized print and broadcast media; Video presentations and discussion groups; Internet: email and websites with online news, references or just-in-time training materials and distance learning programs; case studies and role plays	Mid-level ministry management; Doctors, nurses, and other care providers; Ministry staff; private sector providers; Medical and nursing schools	Central and local ministry managers; trainers; Ministry information networks; Technical advisors; Medical academia
Mass media print, TV, radio spots and interviews; Video presentations and companion discussion guide; Brochures, posters, pamphlets; Logo campaigns; Ministry offices open to the public Website; Conference exhibits; Briefings at schools and universities, religious centers, hospital/clinic waiting rooms, social clubs; Community fairs	General public; Government public infor-mation offices; Public health facility staff; Consumer groups	Local and Central Ministry; Other ministries; health facili-ties; school system; Social workers; Private health sector and insurance companies; NGOs; Health education net-works; Health professional societies Public relations and Ad agencies
Patient counseling aids and material; Posters and stickers; Pocket guides and calendars; Videos and discussion guides; Broadcast media spots and soap operas; School, religious and social center briefings; Hospital and clinic waiting rooms; Pharmacies	General public and target segments; Health providers and educators; Community leaders	Local and central Ministry of Health; Other Ministries; Medical schools; Health educators; Public health and social workers; Schools; NGOs; Professional Medical societies; Private and public health facilities; Private health sector and insurance companies; Ad agencies

Informing health workers and raising morale

In Honduras, the Secretariat of Health created a monthly newsletter to report on the health sector reform pro-gram with a banner that urges Por La Salud: Participemos! [let's cooperate for health!]. The newsletter, with a circulation of 3500, helps keep health sector workers informed and motivated at the central, regional and local district levels of the health system as they hear about significant progress and plans for specific reforms. News about the national drug policy, facility licensing, regulations and institutional changes, among others, keeps up momentum for implementation of the health system improvements. The newsletter also provides a way to recognize outstanding performance by individuals and institutions in the health sector. *(Policy communication and health worker motivation)*

Panos: Heldur Netocny

capacity to assess and the budget to contract local and regional media and production expertise or audience research services.

Even when resources are tightly constrained, and when knowing what to say to whom and what to ask from whom, many existing channels of communication can be tapped, for example: local press, professional or management meetings, community gatherings, religious congregations, school systems, health facility waiting rooms, and collaborating on the outreach efforts of other health sector projects. Inside ministries or agencies, briefings where questions are encouraged, newsletters, and internal websites, where they exist, are some of the ways to keep health workers up to date on the dynamic reform process, on new policies, and provide them access to information and resources to upgrade their skills. Health workers need to know what and how to communicate with customers and patients about the reforms. Their capacity to do this can be strengthened through practice workshops and role plays.

Officials and technical advisors should hear the results of any marketing research or the rationale for using specific themes and messages. Communications workshops can help Ministry personnel understand the importance of good public relations and practice approaches to engage in dialogue with non-ministry stakeholders, such as representatives of private and NGO providers or community representatives, with whom there may have been traditionally strained relations or little contact at all. Facility personnel can be trained in customer relations as part of reforms emphasizing patient-focused service delivery.

Strategic planning and funding: To adequately interpret the reform, communications teams need to have a good grasp of the substance. The communications function is more effective as an organic part of the reform program's operations, regardless of when the activities are to start, and whenever possible, should be included in strategic and team planning and assessment activities.

Too often communications, information dissemination, or marketing activities are added on late in the process making them difficult to integrate into established management and operations processes and without having adequate resources. Furthermore, before a campaign can be launched, research and testing of messages and methods and production of materials have to start well in advance.

Donor support: Donors typically provide ample resources for IEC and social marketing components of disease, service, or commodity-specific programs. Donors and governments should capitalize on the learning and capacity built by those communications programs to support health system strengthening initiatives that are, in point of fact, designed to sustain the outcomes of those same population and other priority initiatives. Donors who want to promote good governance and stakeholder participation for sustainability of health system improvements should not only support but require strategic communications efforts in order to allow heightened public awareness to prevent reversals or to enhance the possibility of achieving the desired result.

Technical assistance should provide support for the process of change as well as for the content, demonstrating strategic management, building institutional awareness of ways to systematically engage stakeholders, and developing and executing communications strategies. A sound MOH health system initiative can turn into a losing proposition undermined by a ministry's weak image or poor public relations.

Orchestration and organization: Most policymakers are not experts on every issue they must decide. Akin to the orchestra conductor who cannot play every single instrument but understands when and how to use each, the policymaker must rely on timing, instinct, and experience to know when to tactically use communication resources. Likewise, the manager responsible for oversight of a communications program needs to understand how to orchestrate a mix of production staff, consultants, and specialized media or advertising agencies to develop a communications strategy and implement a plan.

Government officials are sometimes reluctant to buy the services of private sector agencies, fearing loss of control. Private firms are sometimes reluctant to work for government without donor

sponsorship, fearing late or non-payment. Trying out several firms with small projects can help find the right mix of capabilities, the right price, the best contracting mechanism, and the necessary level of comfort for government communicators and creative teams to work together effectively.

Many specialized firms exist to perform qualitative research, mass media production, and advertising for advocacy, social marketing, or health promotion . To use them effectively, the communications team's role is to:

▲ Develop a communications strategy and plan in close consultation with technical managers, advisors and official spokespersons

▲ Convey an understanding of the substance and short and long term objectives of the health reform

▲ Manage communications products or activities to keep within the bounds of the reform´s strategic plan, to be accurate and appropriate, of good quality presentation, and within budget

▲ Operate within political, social or other constraints imposed by external factors

▲ Ensure that reiterated communications occur with key groups or audiences ("mapping" stakeholders can help monitor this)

▲ Respond to unforeseen public relations opportunities or threats and high official requests for communications support

Training resources and references on how to develop, manage, or contract communications media for advocacy, policy communication, training, marketing, and health education are listed in the selected bibliography at the end of this primer.

Quality assurance: A transparent review system avoids unnecessary waste and expense due to reiterated product alterations and reduces the risk of "too many chefs spoiling the broth". There are many internal stakeholders on health reform communications including the Minister and health and other government officials, sponsoring donors, technical advisors and project managers, as well as the creators and producers. It is important to outline an efficient review and approval process that ensures the necessary political, cultural and technical controls are in place, but that also allows communications staff, consultants and vendors to meet deadlines, stay within budget, and meet the communications objectives.

Language: An often overlooked area of managing health policy communications involves translation and interpreting. Like medicine, health policy development and dialogue often occurs in the language of international donor and financing institutions and technical experts. Particularly when reform dialogue expands from the central ministry to health districts, much can get "lost in translation". New technical concepts and terms have no equivalent in many local languages. The failure to translate and more importantly develop a *local language of reform* in developing countries limits the participation and comprehension of stakeholders, from some senior decisionmakers to mid-level managers and communities, in the health reform process. Translation also is an important element for donor-supported technical capacity

building activities. Some capacity for translation or interpreting and language review needs to be programmed in-house and supplemented by a pool of qualified outside translators and interpreters who are well-versed in the new health system concepts and who can help build a glossary of key concepts and terms in the target language.

Monitoring: It is not always possible to control for and measure the direct impact of communications activities. Methodologies to do this kind of evaluation need more development. Furthermore, some of the most effective interventions may be opportunistic. However, some indicators, selected according to each specific health system communications objective, can be used as indirect measures for the short to medium term:

▲ Media coverage, articles and editorials on health system issues

▲ Speeches addressing health system improvement by national and local officials

▲ Favorable votes, decrees, decisions or endorsements

▲ Increased utilization of promoted services or insurance programs

▲ Customer service inquiries or complaints at facilities and health district offices

▲ Patient satisfaction or household interviews or surveys

▲ Health worker interviews and surveys

▲ Focus group results on provider and patient satisfaction or awareness, logo recognition or familiarity with mass media spots

▲ Distribution tracking of print materials (pamphlets, flyers, posters, billboards) and broadcast of mass media products

▲ Number of materials translated into local language and adapted for mass circulation

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Technical assistance should provide support for the process of change as well as for the content, demonstrating strategic management, building institutional awareness of ways to systematically engage stakeholders, and developing and executing communications strategies.

▲ Duration and source of visits to reform-related webpages and innovative uses of email

▲ Number of and attendance at community events, health fairs, and health education sessions

▲ Number and mix of public and private attendees at fora and conferences

How Research Channels Stakeholder Feedback in Health System Strengthening

Qualitative research methods provide several helpful tools for those planning and monitoring communications and marketing activities. Stakeholder feedback on some area of the actual health system or on proposed changes can be elicited just in time to be incorporated into decisionmaking or planning around service delivery, financing, management, or regulation. The selected bibliography at the end of the primer lists some resourceful references on how to apply these tools.

Stakeholder mapping is important to identify key groups of stakeholders whose beliefs, attitudes, or practices are necessary to understand in order to develop an effective and appropriate communications, dissemination, or marketing strategy. Identifying and prioritizing the audiences is an essential first step in developing a health sector communications strategy, a plan and messages, be they focused on one specific policy or the entire reform program. Strategic planning exercises for the management of the reform initiatives often produce stakeholder and SWOT (strengths, weaknesses, opportunities, threats) analyses that can be used to develop a communications strategy. Further audience analyses may be necessary to refine communications strategies, select appropriate media channels, and pinpoint messages.

Focus groups are moderated peer discussions focused on a specific topic, issue, proposed policy or proposed marketing message and logo. A technical group identifies the areas of questioning and the target groups and an independent, trained moderator assists with participant selection and conducts the sessions. Results help discern the beliefs, level of awareness, attitudes, preferences, opinions, or practices of a stakeholder group which are difficult to measure or gain insight on with quantitative methods. Focus groups are used also to prepare

quantitative survey questions and language or to clarify ambiguous or contradictory quantitative study results, for example, on patient satisfaction. Focus groups are also useful and appropriate when the objective is to generate concepts or ideas.
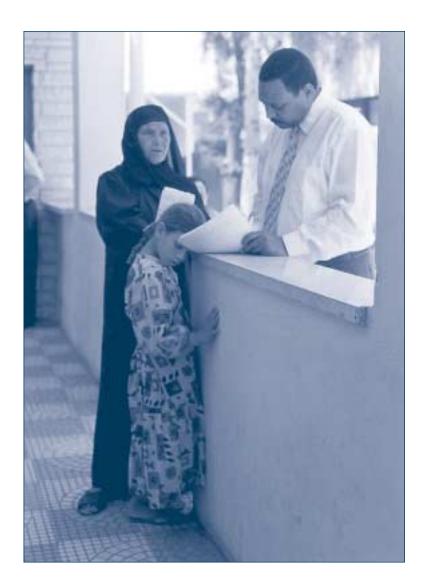
In-depth interviews with individuals can obtain answers to questions that are sensitive or which individuals would be reluctant to answer in a group. *Key informant interviews* are in depth sessions with an influential member of a stakeholder group or with a representative of an interest group who typifies members of that group. A trained and prepared interviewer can obtain candid and detailed responses that may not be feasible in a group discussion. Interviews are also appropriate to cover complex topics with informed or knowledgeable respondents or when a focus group is not feasible because the peer group is dispersed.

Research is necessary for communications and marketing planners to profile target audiences and test how best to attract their attention, respond to their beliefs or concerns in reform activities, and communicate appropriately with them. These qualitative research methods are also used for policy development and testing. They can help identify and define problems as well as incorporate provider and patient feedback regarding any proposed improvement or policy change. These methods are relatively quick and inexpensive in comparison to mass surveys. However, their results may not be applicable to broad, diverse sectors of a population. Such results ought to be complemented or even tested by other quantitative measures, such as household and provider surveys, for decisionmaking and implementation on a national scale.

Lessons Learned

Through applied research and technical assistance activities in countries around the world—Dominican Republic, Ecuador, Egypt, Georgia, Honduras, Jordan, Kazakhstan, Kyrgyzstan, Rwanda, Senegal, South Africa, and Zambia—PHR has identified the following lessons learned by government, donor and technical advisors and private groups engaged in the process of health policy and system strengthening. The lessons derive from reform efforts in which the potential of different types and levels of health sector communications was engaged or, just as instructively, overlooked at different intervals in the process.

They mirror the experiences of health reform campaigns in England and the United States as well. In the former, warring communications

campaigns by the government and the opposition saved a controversial government-led reform; in the latter, weak stakeholder participation and communications by proponents coupled with aggressive communications by opposition stakeholders doomed a major initiative.

▲   Key stakeholders, at any level, who *participate* in the development of the improvement are more likely to take ownership of the solutions and sustain them. Key stakeholders, at any level, who are *consulted* on the proposed reform or the implementation plan are more likely to accept the change. All stakeholders who are clearly *informed* about the change and the reasons for it are more likely to make it work.

▲   Whenever the proposed improvement or comprehensive reform will have direct impact on users—consumers, health workers, or political actors—a communications strategy is critical to the success of the initiative.

Notable examples are:

△ Decentralizing health system manage-ment and resources

△ Creating or strengthening insurance schemes

△ Introducing, significantly increasing or lowering user fees and charges

△ Changing or introducing fee exemption policies or targeted subsidies

△ Raising taxes for health sector subsidies

△ Influencing utilization patterns through quality improvements

△ Altering provider and health worker incentives

△ Instituting patient rights and consumer choice

△ Strengthening health worker performance standards, incentives, or regulations

△ Integrating vertical programs and intro-ducing a new care model

△ Improving and expanding health promo-tion capacity

△ Modernizing an information system and introducing new information technology

▲ Proactive communications can preempt nega-tive communications by the opposition. In turn, the capacity to counter negative communica-tions is also important to build or access and is strengthened where the reform process has a transparent information culture.

▲ For a communications strategy to have an impact it must be integral to the reform process. Specifically there should be a communications plan tied to a budget, and organically sequenc-ed within the implementation plan for the re-form. Ideally, interventions coincide with and support distinct points in the change process, regardless of when they actually occur.

▲ Failed or weak health sector-wide initiatives often cite "lack of communications" as one of the causal factors. Research is needed on how to track and measure *when* in the dynamics of the health system strengthening process do communications produce the most impact. In addition to the most advantageous or critical time intervals in the process, and given resource constraints it would be helpful to determine the cost-effectiveness of alternate communications interventions that are used at those intervals, ranging from mass to inter-personal, and depending on target audiences and objectives.

The fact that many external factors—political considerations, donor project cycles, competing priorities—sometimes drive the process of health reform in fits and starts presents a challenge to the use of communications beyond the ad hoc. This fact may partially account for why strategic communi-cations uses in health system change initiatives are ignored or even avoided as a complicating factor. Nevertheless, close cooperation between communi-cations specialists and technical management teams can devise alternate plans and opportune uses of communications to facilitate changes that strength-en or reform the health system on the policy level and at the base.

Frequently, reform officials rely on command strategies and technicians resort to purely technical solutions, sidestepping the "social" in health sector reform challenges. Health sector communications and marketing are limited to prevention when they could be leveraged to engage stakeholders in health system improvement. Neglecting strategic manage-ment of the reform (change) process and implicitly, minimizing stakeholder participation and communi-cations, may enhance expediency at the expense of lasting impact, when sustainability requires not only financial or administrative solutions, but political, professional, and social acceptance.

The public sector is often encouraged to adapt or emulate private sector management approaches to improve efficiency. Private sector corporations invest in all types of communications to succeed at a number of operations that parallel those of a health system. They strategically focus communi-cations to influence public affairs and policy, strengthen markets, create demand, solicit con-sumer feedback, inform consumers and provide choice, improve or change an image, recruit and retain employees, correspond with district opera-tions, reward quality, as well as promote new products and services. With aid from donors and, when appropriate the private sector, government can engage in the art of communications to achieve the same across the health system.

A Strategy to Reach and Involve Stakeholders in Shaping an Improved and Expanded Primary Care System: An Illustrative Country Example

The following case demonstrates a well-orchestrated communications strategy with the benefit of adequate funding for a comprehensive health system reform. It is an ideal scenario that nevertheless indicates a range of communications activities possible to implement under less ideal scenarios, provided there are clear system strengthening objectives to which the communications activities relate.

A lower middle-income country has initiated reform of the primary care system to extend coverage, improve quality of care, increase use of priority primary and preventive health services, and rationalize the use of scarce public resources to improve the sustainability of services. The reform introduces a new care model to integrate services based on the practice of Family Medicine.

The Ministry of Health (MOH) has set up a demonstration site, with more planned, in one health district that serves rural and urban low-income families at a renovated facility with specially trained staff. Patients at the clinic and residents of the surrounding community have been the subject of many interviews, focus groups, and surveys. The concept of family health care is a new one for the population and Family Medicine is a new specialization recently introduced in medical schools.

Many donor-supported vertical programs exist and their cooperation with the effort to integrate services is very important. The MOH is seeking increased public funds and patient copayments to finance the new family health program. To date, users of public clinics, who are generally low income or poor, are accustomed to pay minimal fees for services and drugs; but, due to poor service, poor access, or shortages of drugs, they often resort to private providers where they pay steep fees out of pocket.

The MOH must recruit doctors and nurses to train or retrain in family health practice and provide incentives for medical students to specialize in Family Medicine as opposed to the other established, lucrative specializations. The Ministry must raise the public's awareness of the benefits of family health care and the improved quality of the new services and facilities and then, consequently, generate willingness to pay for family health services at public clinics. At the same time, the MOH must persuade senior government officials and elected legislators to back the primary care reform because of its eventual benefits to the society in terms of improved health outcomes and to the government in terms of cost-effectiveness. Finally, the MOH, in order to extend coverage, has opted to enlist private and NGO providers to join the family health program and provide a basic package of benefits covered under the new insurance.

There is opposition from stakeholder groups, some of them powerful, who feel threatened by the changes. Specialists fear losing patients to family doctors. Dentists object to exclusion of their services from the basic benefits package. Vertical programs fear losing donor funding and reverses in specific health gains. NGO service providers do not believe the government would honor its contracts for services. Segments within the donor contingent and MOH management are skeptical and believe the reforms will advance at the expense of the vertical programs.

Research for Communicating with Stakeholders

Prior to organizing focus groups and interviews, the communications team draws up a map of key constituent groups in the primary care health system based on a stakeholder map produced at earlier MOH strategic planning exercises. This stakeholder analysis lets them define their priority audiences and devise a formative research and communications strategy around them.

Patient satisfaction surveys, exit interviews at facilities, and focus groups show patients value convenient access (low transportation costs and travel time) to services most highly, as well as caring, respectful treatment by providers. They also indicate appreciation of seeing the same doctor and the continuity of care inherent in the family practice model, in which every family member has a medical record, something they never had before. Household surveys and focus groups also qualify patient's willingness to pay for services and drugs at public clinics, as long as fees are lower than at private clinics.

Focus groups with public and private providers indicated their willingness to adopt family practice if the MOH raises public understanding of a family health system and if Family Medicine is promoted to raise the professional prestige of the specialization. Private and NGO providers indicate they would agree to meet accreditation standards and provide services covered by the new insurance program, provided the government will help them market their services and bring them new patients by raising public awareness and providing public information about the new family health insurance program. However, they question government commitment without donor backing.

The research activities serve to channel stakeholder feedback into reform plans and policies. Patients and providers express satisfaction at having an opportunity to participate in the research and voice their opinions, preferences, and recommendations. The research lays the groundwork for developing and refining the communications strategy and provides a reference point for further rounds of monitoring communications and marketing activities.

A System-wide Communications Strategy

The MOH adopts a multi-track and phased communications and marketing strategy targeting patients on one level, and public and private providers on another, centered on the theme of family health. The strategy aims to position

integrated family health services as convenient, high quality care and thereby support the health system objective of increasing the provision and the use of these improved services. The approaches in the communications plan the MOH has developed to carry out the strategy use different media mixes to promote different objectives that all contribute to first, *building the supply* and second, *increasing the demand* for the preventive and primary family health services.

The communications objectives are *distinct but mutually reinforcing* and complement the MOH and donor technical support activities to test, refine, and promote the new primary health system, by helping to:

▲ Win policymaker (external and internal MOH) support and consensus on the new model to sustain it (test areas first, then national)
▲ Promote the status and practice of Family Medicine among public and private providers (national)
▲ Provide information to the public on the proposed new system's services, rationale, rules, operations (test areas first, then national)
▲ Raise public awareness of health issues that affect the whole family and best practices (national)
▲ Market the new insurance program to potential providers and subscribers (test areas first, then national)

The accomplishment of any one of the above communications objectives in isolation from the others diminishes the impact. However, due to the status of the technical and training program, only some objectives can be tackled first. Otherwise, raised expectations that are created and left unfulfilled make successive attempts at reform all the more difficult. "Reform" takes on a negative connotation. Government's demonstrated commitment to the new model is prerequisite for providers to commit to it; increased awareness of family health issues and prevention facilitate introduction of Family Health services; insurance for the new services has to have government backing and trained, qualified provider participants before marketing to consumers; providers will participate if insurance is marketed to consumers. It is a sequence of communications through and across the health system that supports the process to develop, test, and implement the new integrated primary care policies and system in phases.

A Communications Plan

Communications in the first phase focus on Advocacy and Policy Communications to policymakers and providers at one level of the health system, and on communities and family-focused health promotion at another level. (Each phase is approximately 12 months but could be longer depending on progress and overlaps the next; for example as the first is carried out, preparations for the second begin.) In the second phase, after more sites are ready to open for service and the new insurance program is ready to be tested, the communications activities shift emphasis to public information and marketing in the demonstration

districts. A third phase of communications work will incorporate lessons learned from the previous phases; so as different aspects of the new system are being tested, the communications methods and messages are also tested.

The communications team draws up a sequence and schedule of communications activities. The approval of senior MOH decisionmakers and spokespersons, and the vital input and close cooperation of the technical coordinators and managers of the demonstration sites, greatly improve the communications plan's usefulness, appropriateness and feasibility. The plan is also presented to the sponsoring donor representative for review. The plan indicates a budget for each major area of communications activity and the person responsible for the activity, and lists products and activities for which outside professional advertising and media production services will be contracted.

Advocacy Communications For Building Constituencies

The MOH convenes a regional conference on Family Medicine with experts from national and foreign universities and the Minister holds a press conference to announce the establishment of the new national Family Medicine Society led by a board of prominent physician and nursing academics. The MOH distributes a dossier to the press with fact sheets describing the principles of family health practice and the benefits of the approach in the context of the nation's health status and the cost-effective use of public resources. The Minister uses the anecdotal evidence from the experience of one family at the demonstration site and their family doctor and nurse team that illustrates the benefits of the new primary health care approach.

An association representing the specialists releases media attacks on the qualifications of the family practitioners. In response, the Minister invites the press to the demonstration site to see the new vision for primary and preventive health care embodied in the reform and to interview staff and patients.

Specialized Educational Television channels broadcast a video sponsored by the MOH on Family Medicine. MOH personnel throughout the country are shown the video and special groups are brought to the demonstration site. The video is also shown at medical schools around the country and has a companion guide for classroom discussion. Faculty and graduates of Family Medicine schools are interviewed on TV and radio talk shows and joined by international experts from prestigious foreign medical and public health schools.

Expanding Health Communication and Strengthening Outreach

While recruitment and training of family doctors and nurses proceeds, "family health" fairs are organized in health districts around the country in cooperation with some vertical programs and NGOs. Information on new lifestyle-related risks such as obesity, smoking, and traffic accidents as well as common illnesses afflicting family members of all ages

are distributed along with information on the family health clinics and the new family health insurance program.

Training in new themes focused on chronic illnesses like diabetes and hypertension and household and traffic injury is given to all public health promoters. A new public health communications strategy uses the experience and networks developed by vertical programs to strengthen health education efforts. Sponsorship by private companies is enlisted to pay for media advertising, materials development, and promotional events.

Family health demonstration sites hold regularly scheduled health education sessions on the new themes as well as traditional ones and invite representatives of vertical programs to conduct sessions. Waiting room TVs broadcast awareness spots obtained from the vertical programs on various child and maternal health issues. Handouts on many topics are displayed in the waiting rooms, including nutritious recipes using affordable ingredients with simple text and drawings of ingredients and measures. Family health clinics organize family clubs with special health education sessions to allow women, men and adolescents to each have a time and a safe haven to discuss sensitive issues. Family clubs also plan community health awareness events and recruit volunteers.

Once more family health sites are open for operation, information on the services and the new social insurance scheme will be incorporated to link the integrated services to the public's concept of family health and well-being.

Policy Communications for Building Consensus

The Ministry of Health convenes an internal committee on Family Medicine and the Integration of Primary Care Services with all the undersecretaries and Directors-General of the Ministry and the heads of each health region around the country. The group meets monthly to coordinate and monitor the process of integration and the quality of the services at demonstration sites. To allow participation of more stakeholders, the committee convenes meetings in different regions of the country where vertical and NGO programs operate. The skeptics are allowed to voice their concerns and the reform's technical team is prepared to answer them using their data. To coopt the vertical programs, a representative of each is asked to provide expert guidance on developing clinical guidelines for the newly integrated services in their respective areas and provide practical training to the staffs at the demonstration sites. Vertical program directors and staffmembers are reassured of the importance of their contributions and invited to discuss the transition of vertical programs in the new system.

Managing Public Relations

As part of the Ministry's campaign to regain public trust in the health system, the Minister answers monthly, through a newspaper column and a radio broadcast, suggestions, queries, and complaints he receives from the general public. However, with elections approaching, the Minister wants more favorable publicity and orders the opening of more

pilot sites before the staffs have completed training and the facilities are prepared.

The crush of patients taxes the new facilities beyond their capacity as half the staff is still in training. People are turned away. A reporter from the opposition party publicizes the problem. The communications team meets with the director and staff of the clinics on how to overcome this public relations setback. They identify some satisfied patients and arrange a radio interview on a popular local talk show. The social workers from the clinics pay home visits to patients who complained to them. The clinic directors contact a few influential religious and community leaders and teachers to attend a "family health" celebration at the clinics, help award door prizes and speak to the visitors. Staff morale improves and gradually the clinics win back their good image.

The Ministry's health reform coordinating team holds quarterly debriefings with directors of the family health demonstration sites to obtain feedback on the new system and incorporate adjustments as new sites open. The communications team works with Directors at demonstration sites to rehearse orienting official visitors and prepare fact sheets to help answer visitor's questions. Training is expanded and escalated to deploy teams to new sites more quickly.

Meanwhile, the insurance program team has been distributing materials and sample contracts, and visiting and briefing private provider groups. An inexperienced government team uses a heavy-handed approach in talking to some NGO representatives who then decline to participate. On hearing of the incident, the communications group for the reform devises a training in public relations and rehearses with role plays the individuals doing the NGO outreach in more successful, persuasive approaches. A local representative from the MOH contacts the NGOs and asked for an opportunity to meet with the boards of directors to discuss the contracting initiative.

Using Print, Interpersonal and New Media to Inform and Motivate Health Workers

Since the highest number of internet and web users in the country are physicians, the MOH devotes a special section of its new website to Family Medicine and provides links to online reference resources and journals. Clinical guidelines, protocols and facility accreditation requirements are also published and regularly updated on the website. Training materials and quizzes from courses in family practice management are posted on the site. A Question and Answer section allows physicians and nurses to query by email an expert on specific cases. Links are set up to international websites with the latest information on pharmaceuticals and guidelines. The Ministry provides training for its medical staff in the uses of the Internet for case research and sets up resource centers in each region with web access.

The Family Medicine Society launches a quarterly magazine. Along with articles on the adaptation of family practice in the country, each issue will highlight an outstanding family health practitioner. The National Medical

Association has agreed to distribute to the periodical to all its members.

All clinical personnel undergo training in patient communications and non-medical staff in customer relations. Role plays are used to depict real situations.

Promoting New, Improved Services and Raising Consumer Awareness

Eighteen months later, following the Minister's press conference announcing the opening of more demonstration sites with newly retrained personnel, a new logo campaign is launched to identify the new high quality clinics that have won accreditation. The logo was tested and prepared in different communities and is now publicized on TV and on billboards throughout the provinces where the sites have opened. The logo is placed on the entrance to accredited family health clinics and flyers and posters are distributed at schools, religious institutions, in hospitals, and pharmacies.

A famous TV personality is recruited to promote use of the family health clinics in TV spots and appears on popular radio talk shows. A shortened version of the video on Family medicine is broadcast on national television to promote the family health system and builds on the quality logo campaign. The video includes testimonials from satisfied patients at the first demonstration site.

The Ministry's website and public information office publishes lists of the first accredited public and private clinics. The Ministry's website also opens a customer service and assigns someone to ensure timely answers are given.

Designated staff at every family health site are trained and provided materials to explain the new family care system, including fees and exemption policies for the uninsured. Community health promoters are fully briefed on the new system and sent to talk to local community and religious groups.

Marketing Social Insurance and Creating Informed Consumers

Concurrently with the promotion of the new family health sites, advance information on the new family health insurance program is disseminated widely through the local media and in clinics, factories, unions, schools, and religious congregations, and at "family health fairs". The benefits and rights of consumers and a customer relations officer fully briefed on the new insurance is available at sites in the test areas. The high quality demonstration sites will give preference to families enrolled in the new insurance plan and to those with exemptions. Community leaders and respected local public figures are asked to endorse and enroll in the new insurance. Large factory employers in the demonstration areas are asked to offer the family health insurance as an alternative to schemes that only cover their workers, but not their families.

The association representing the interests of specialists mounts a campaign to protest that many of their services are excluded from the basic benefits package and uses its influence to try to block legislation awarding tax incentives to employers who participate in the scheme. Anticipating a battle, the MOH has organized a coalition comprising the MOH and the Ministry of Finance, the Family Medicine Society and medical schools, the insurance payor, and labor unions. This coalition mounts an advertising campaign to counter the specialists and demonstrates that families who use the family health scheme save money, have the security of guaranteed services including some specialized, and family doctors will refer them to specialists when necessary, saving them wasted time and money. Slogans are adopted that say "A family doctor is a specialist who serves the whole family" and " A family doctor saves your health, and your money". The Minister makes a speech to the parliament citing the data that show that investment in the family health insurance scheme will eventually save the government in gains from cost savings. Access to family health services also will help discourage misuse of expensive tertiary care public facilities.

The insurance program eventually distributes the first list of participating private and public providers who have met accreditation standards. The affiliation of private and NGO providers helps build customer and provider confidence in the new insurance scheme.

As the quality logo campaign gains recognition for trusted, quality family health services, the insurance campaign builds on the familiarity with the logo and the services the insurance will cover. (The quality logo campaign helps create demand for the services, but also, indirectly, for the insurance. The logo campaign facilitates marketing of the insurance to cover the new, quality services because people will understand the service and security they are buying, and some will have tried the service.)

Monitoring and Evaluating Responses to Communications and Marketing

The health reform communications team sets up a series of focus groups with patients and providers at the regional pilot clinics to receive patient feedback on the new system and marketing efforts. (Results from these groups will be analyzed along with monthly health and management statistics each demonstration site prepares). Results from focus groups will be used to prepare a marketing campaign across the whole province where demonstration sites will be set up. A member of the communications team is assigned to monitor the press daily. In addition, utilization at family health clinics will be measured before and after marketing campaigns commence. Patient exit interviews will measure consumer recognition of the new quality logo. In-depth interviews will be used to query patients about awareness of specific health promotion campaigns and what practices or beliefs they have changed or are considering changing in response. Annual MOH communications plans will incorporate the results of the monitoring and focus on approaches and media that appear to be the most cost-effective to address new topics the health reform technical advisory team indicates as the next priority.

Panos: Sean Sprague

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