

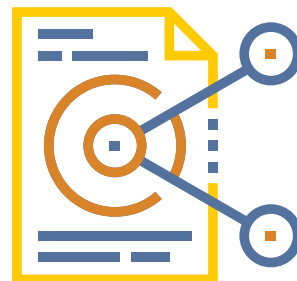


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# **STRATEGIC COMMUNICATION FOR UNIVERSAL HEALTH COVERAGE**

**PRACTICAL GUIDE**



This guide was produced by the Health Finance and Governance (HFG) Project, with funding from the U.S. Agency for International Development (USAID), in partnership with the Joint Learning Network for Universal Health Coverage (JLN). The JLN is an innovative network of practitioners and policymakers from around the globe who engage in practitioner-to-practitioner learning and collaboratively develop practical tools to help countries work toward universal health coverage.

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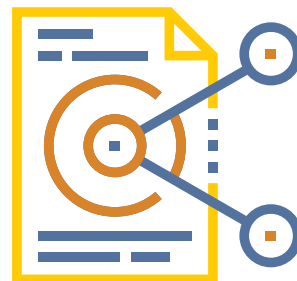
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# STRATEGIC COMMUNICATION FOR UNIVERSAL HEALTH COVERAGE

PRACTICAL GUIDE



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# Contents

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Abbreviations and Acronyms . . . . .	6
Introduction . . . . .	7

## PHASE 1.



## IDENTIFY COMMUNICATION PRIORITIES

17

<b>STEP 1: ARTICULATE UHC GOAL</b> . . . . .	17
<b>STEP 2: IDENTIFY POLICY STAGE</b> . . . . .	19
<b>STEP 3: CONDUCT FOUNDATIONAL ANALYSES</b> . . . . .	21
Governance and Political Economy Analysis . . . . .	21
Conduct Communication Scan . . . . .	24
<b>STEP 4: MAKE STRATEGIC DECISIONS</b> . . . . .	25
Set Primary Objective . . . . .	25
Identify Primary Communicator . . . . .	28
Define Communication Position . . . . .	29

## PHASE 2.



## DEVELOP ACTION PLAN

30

<b>STEP 5: ANALYZE STAKEHOLDERS</b> . . . . .	30
<b>STEP 6: PRIORITIZE AUDIENCES</b> . . . . .	35
Identify Primary Audience . . . . .	36
Identify Secondary Audiences . . . . .	36
Determine Audience Readiness . . . . .	36
Identify Core Concerns . . . . .	39
<b>STEP 7: DEVELOP KEY MESSAGES</b> . . . . .	39
Identify Theme . . . . .	40
Develop Messages . . . . .	42
Identify Messengers . . . . .	44
<b>STEP 8: CHOOSE TACTICS</b> . . . . .	47
Pre-test . . . . .	50
<b>STEP 9: ESTABLISH TIMEFRAME</b> . . . . .	52
<b>STEP 10: IDENTIFY ASSIGNMENTS AND RESOURCES</b> . . . . .	53
<b>STEP 11: DEVELOP MONITORING AND EVALUATION PLAN</b> . . . . .	54
Develop Outputs . . . . .	54
Develop Outcomes . . . . .	54
<b>STEP 12: CONDUCT REALITY CHECK</b> . . . . .	57



<b>CONTINUOUS LEARNING</b> . . . . .	58
<b>ADAPTIVE MEASURES</b> . . . . .	59
<b>STAYING ON STRATEGY.</b> . . . . .	59
Conclusion . . . . .	62
Select References . . . . .	63
Annex: Sample Stakeholder Interview Questionnaire . . . . .	65

## Abbreviations and Acronyms

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<b>CHAG</b>	Christian Health Association of Ghana
<b>FMOH</b>	Federal Ministry of Health
<b>GHS</b>	Ghana Health Service
<b>GIZ</b>	German Corporation for International Cooperation
<b>GPE</b>	governance and political economy analysis
<b>HFG</b>	Health Finance and Governance Project
<b>JLF</b>	Joint Learning Fund
<b>JLN</b>	Joint Learning Network for Universal Health Coverage
<b>M&amp;E</b>	monitoring and evaluation
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>NHIA</b>	National Health Insurance Authority
<b>PHC</b>	primary health care
<b>PHCDA</b>	Primary Health Care Development Agency
<b>UHC</b>	universal health coverage
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

## INTRODUCTION

**OVER THE PAST DECADE, support for universal health coverage (UHC)—ensuring that “all people obtain the health services they need without suffering financial hardship when paying for them” (WHO, 2014)—has become a unifying movement for global health reform. Today, most low- and middle-income countries are designing and implementing strategies that aim to accelerate progress toward UHC (World Bank, 2018). There is broad endorsement of UHC among health leaders worldwide but variable understanding and commitment among wider stakeholder groups. Progress toward UHC varies depending on the status and maturity of reform processes, and the impact of political economy factors.**

Effective strategic communication is essential to realize UHC. Progress toward UHC requires local ownership and customized strategies for specific contexts. Diverse stakeholders must be engaged—including political leaders, health care purchasers, providers, patients, suppliers, and civil society groups—and each audience requires tailored communication approaches to change their knowledge, attitudes, and behaviors.

Communication is the two-way exchange of information. **Strategic communication is deliberate, coordinated actions intended to inform, influence, or persuade key stakeholders.** These actions may engage stakeholders in information sharing, dialogue, and/or collective learning, with the aim of making decisions or influencing human behaviors. Strategic communication for UHC enables all actors to understand their rights, responsibilities, and opportunities to maximize the benefits of UHC and to act in the best interest of realizing those rights, responsibilities, and opportunities. This is often a first step for many in the complex, long-term endeavor of realizing UHC.

Communication influences human knowledge, attitudes, and behaviors. Strategic communication aims to prompt people to do something different from the way they were doing it when the communication effort began (Cabañero-Verzosa and Garcia, 2009). Psychology and social learning theory tell us that **human thoughts, motivations, and behaviors are influenced by information exchange with environments and social networks**, and that change happens through continuous observation, modeling, and reinforcement (Bandura, 2009). In the field of UHC, as in other policy realms, strategic communication provides the information exchange, modeling, and reinforcement necessary to influence behavior change. Whether through coalition building, advocacy for resource mobilization,

promotion and implementation of new health system processes, or other strategic communication efforts, policymakers and implementers are constantly working to achieve incremental progress toward UHC.

**Communicating about and for UHC requires a context-specific UHC goal and an articulated theory of change to achieve that goal**—with specific objectives related to changes in structures, programs, and human behaviors that make progress toward the goal possible. Because of the complexity of UHC and systems change, each of those objectives will have different (though often overlapping) priority stakeholders, key messages, and tactics, and as a result, **each objective will require an individual communication plan.** Since most UHC processes involve multiple objectives, multiple communication plans will need to be developed to create a coherent strategic communication campaign.

Although policymakers and implementers recognize the importance of strategic communication for UHC, explicit guidance on how to plan and execute strategic communication for UHC does not exist. To fill this gap, the United States Agency for International Development (USAID) Health Finance and Governance Project (HFG) partnered with the Joint Learning Network for Universal Health Coverage (JLN) to bring together eight country

delegations (with representatives from Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan) to generate global knowledge on strategic communication for UHC. Each country delegation shared relevant challenges, experiences, and best practices to inform this *Practical Guide* and the accompanying *Planning Tool*. The final output from the *Planning Tool* is intended to provide an outline for a comprehensive strategic communication plan for a specific objective, which may be grouped with plans for related objectives to execute a UHC strategic communication campaign.



## SPOTLIGHT ON NIGERIA

### WHY IS STRATEGIC COMMUNICATION ESSENTIAL FOR UHC?



#### **IMPLEMENTATION OF THE NATIONAL HEALTH ACT, SIGNED INTO LAW IN 2014, IS VITAL TO ACHIEVE UHC IN NIGERIA.**

The National Health Act stipulates that no less than 1% of the Consolidated Revenue Fund—combined with donor contributions and other funds—constitute a basic health care provision fund to support delivery of a minimum package of health services. The act provides a legal framework for coordination of the three health care organizations in the country: The Federal Ministry of Health (FMOH), the National Health Insurance Scheme (NHIS), and the National Primary Healthcare Development Agency (NPHCDA) to implement the provision fund.

Divergent views among the FMOH, NHIS, and NPHCDA about how to best implement provisions of the National Health Act have impeded timely implementation; three years after, the act has not yet been operationalized. Delay in implementation means out-of-pocket payments continue to be the primary source of national health care expenditure, infrastructure and supply issues persist, and regulation is inconsistent.

Following numerous calls to action by civil society organizations and consultations with concerned stakeholders, the FMOH recognized the importance of consistent, strategic communication to operationalize the National Health Act. The FMOH adopted a comprehensive, inclusive approach to communication and engagement. They strengthened partnerships with the legislative branch by incorporating a legislative network for UHC and opened dialogues with technical teams from NHIS and NPHCDA. The FMOH, NHIS, and NPHCDA are now working together to finalize operational guidelines for the Basic Health Care Provision Fund and to reorganize the proposed governance structure. Improved communication has fostered better understanding of roles and responsibilities for each organization and spurred action to operationalize the National Health Act.



## Purpose of the *Practical Guide*

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The *Practical Guide* and *Planning Tool* are intended to provide actionable guidance for communicating effectively to support UHC policy initiatives. The *Practical Guide* contains real-world case studies to bring this guidance

to life. The intended outcome is for users of the *Practical Guide* and *Planning Tool* to develop and implement tailored communication plans that accelerate country progress toward UHC.

## Who Will Find the *Practical Guide* and *Planning Tool* Useful?

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The *Practical Guide* and *Planning Tool* should be useful to UHC and health policy champions at the national and sub-national levels seeking to achieve or strengthen UHC. UHC champions are individuals or teams who lead or manage the policy implementation process.

### Potential users may include:

- Ministries of Health enacting reform at the national and sub-national levels
- Health insurance authorities
- Civil society organizations
- Development partners

### UHC CHAMPIONS

Individuals or teams who lead or manage the policy implementation process. They proactively promote UHC reform, foster support, frame discussions, build consensus, attract resources, and seize or create opportunities to move toward UHC.

(Adapted from HSR, *Policy Toolkit for Strengthening Health Sector Reform*, 2000)

- Health system managers
- Change management teams

## Methodology of Development

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A collaborative, co-development process was used to write and review the *Practical Guide* and *Planning Tool*. The authors began by conducting a literature review of available tools and resources for strategic communication. The literature review included resources related to health communication, public health reform and advocacy, messaging for UHC, non-health public policy communication, as well as corporate marketing and public affairs. Findings from the literature review, and insights from interviews with health communication and policy communication experts, were used to inform the development of an initial outline for the *Practical Guide*. Co-authors and contributors provided feedback on the outline and the editors made revisions based on those inputs.

In July 2017, the editors, authors, and contributors convened in Accra, Ghana, for a two-day, joint learning exchange workshop, hosted by Ghana's National Health Insurance Authority. During this workshop, country delegations reviewed the proposed principles and framework for strategic communication for UHC, tested practical tools to provide feedback on the unique needs and challenges related to strategic communication, and began sharing real-life experiences to inform the revised *Practical Guide* and *Planning Tool*. Authors contributed written case studies, stories, and practical experiences and learnings that bring the underlying theory to life. External reviewers (noted in the Acknowledgments) provided quality assurance review. Content for the *Practical Guide* was written, revised, and reviewed over a five-month period (August–December 2017), and finalized in early 2018.

## How Should the *Practical Guide* and *Planning Tool* Be Used?

The *Practical Guide* is a step-by-step narrative of key considerations for strategic communication planning to support UHC and is meant to be used side-by-side with the *Planning Tool*. The *Practical Guide* and *Planning Tool* are designed to be self-implemented by UHC champions but may also be implemented with technical assistance from communication experts. This guidance is instructive but by no means prescriptive and should be adapted based on individual contexts and scenarios.

The final output from the *Planning Tool* is an outline for a comprehensive strategic communication plan for one specific objective, which may be grouped with plans for related objectives to execute a UHC-focused strategic communication campaign.

## Where Does Strategic Communication for UHC Fit in the Policy Process?<sup>1</sup>

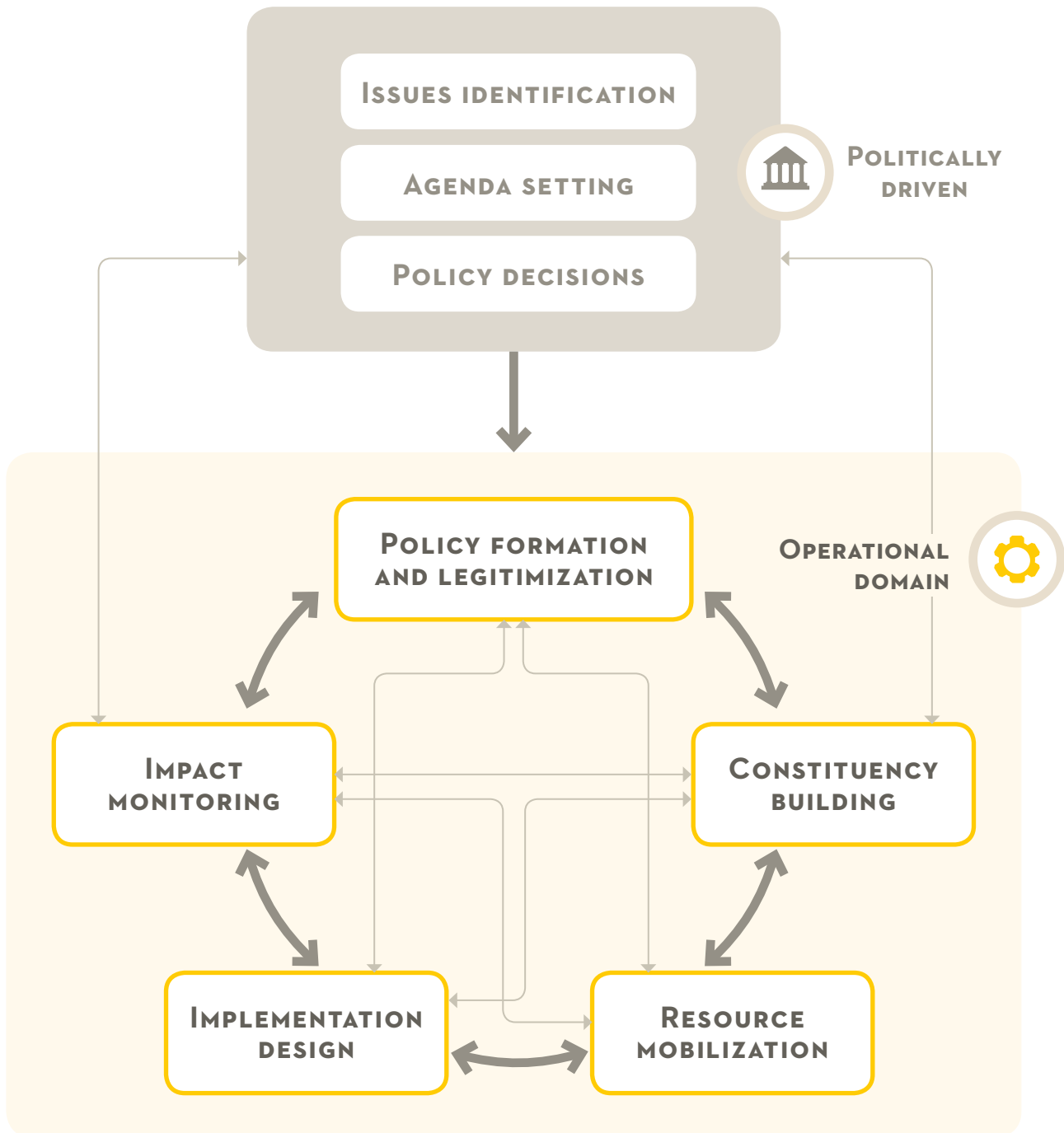
Strategic communication is essential at all stages of the policy process, but this *Practical Guide* and *Planning Tool* assume that the UHC agenda has already been set. The principles and guidance they offer may be used in the politically driven stage of issue identification, agenda setting, and policy decision-making. However, these tools will be especially useful to UHC champions responsible for operationalizing a policy. The conceptual framework presented in Figure 1 shows the stages of the process.

Advancing toward the goal of UHC is an inherently complex and political process. It often requires UHC champions to diplomatically manage change among diverse stakeholder groups to achieve incremental progress toward goals. This poses a unique challenge of developing a strategy that reflects the concerns and interests of key audiences and adopting an approach that proactively manages opposition, builds support, and exercises judgment in public debate. The policy process has five basic implementation or operational stages, as shown in Table 1.

**Table 1 Policy Stages in the Operational Domain of the Reform Process**

POLICY STAGES	DESCRIPTION
<b>POLICY FORMATION AND LEGITIMIZATION</b>	Policymakers have decided to reform the health sector—to achieve or strengthen UHC—and UHC champions must develop an operational framework for programming and resources.
<b>CONSTITUENCY BUILDING</b>	UHC champions must generate support for reform from individuals or groups and reduce or deflect opposition.
<b>RESOURCE MOBILIZATION</b>	UHC champions must exercise leadership to mobilize the appropriate financial, technical, and human resources necessary to achieve or strengthen UHC.
<b>IMPLEMENTATION</b>	UHC champions must develop programs and proactively manage changes in procedures, routines, and modes of communication that are essential to achieve or strengthen UHC.
<b>IMPACT MONITORING</b>	As UHC is implemented over time, UHC champions must gather feedback and use data to inform decision-making and adapt to unanticipated obstacles or changing environments or conditions.

<sup>1</sup> Adapted from Health Sector Reform Initiative, *Policy Toolkit for Strengthening Health Sector Reform*, Partners for Health Reformplus, 2000.



Adapted from Health Sector Reform Initiative, Policy Toolkit for Strengthening Health Sector Reform, *Partners for Health Reform* plus, 2000

Each of these reform stages, while distinct, may overlap with one or more other stages. For example, constituency building is necessary during policy legitimization, especially when going through the legislative process. A UHC champion may identify multiple stages that correspond with the reform process at a given time. **The most important thing is understanding what changes in stakeholder knowledge, attitudes, or behaviors are necessary to realize effective and lasting reform.**

As described in greater detail below, strategic communication plans should be tailored to meet the needs of specific policy stages. After reviewing the various stages of the operational domain of the policy process and accompanying tasks, this *Practical Guide* and accompanying *Planning Tool* provide actionable guidance for developing a high-impact strategic communication plan.

## How Are the *Practical Guide* and *Planning Tool* Organized?

The *Practical Guide* is based on common principles and a framework for strategic communication for UHC. Subsequent sections are organized according to the proposed framework:

- **PHASE 1:** Identify Communication Priorities
- **PHASE 2:** Develop Action Plan
- **PHASE 3:** Implement and Adapt

The *Practical Guide* focuses primarily on Phases 1 and 2, enabling management and communication teams to conduct rigorous analysis, make strategic decisions, and

develop cohesive, comprehensive, and adaptable strategic communication plans. Active learning and adaptation are built into the planning process and illustrated by real-world country case studies and practical examples.

As a supplement to the *Practical Guide*, the *Planning Tool* allows individuals to adapt the step-by-step guidance to real-world, real-time strategic communication planning.

The *Practical Guide* is intended to function as a living document and will be updated periodically based on learnings and feedback from users.

## Foundational Concepts

The goal of strategic communication is to change behavior or to prompt people to do something different from the way they were doing it when the communication effort began (Cabañero-Verzosa and Garcia, 2009). This changed behavior should be in direct support of a stated policy or objective set by policymakers.

Strategic communication for UHC often aims to engage stakeholders in two-way information exchange, dialogue, collective learning, and/or decision-making, but the intended outcomes can vary significantly depending on the targeted individual, groups, organizations, and/or communities. Sometimes, strategic communication initiatives are targeted on a small scale (e.g., one-on-one conversations with key decision makers) and at other times, initiatives are comprehensive and wide-reaching (national public awareness and behavior change campaigns). Every strategy is different based on the specific goal and sub-objectives.

Health sector reforms to achieve or strengthen UHC are complex and long-term endeavors. Individuals responsible for designing, implementing, and enforcing health policy reform vie for attention, affinity, and alignment with constituents of all sorts, including governing officials and policymakers, regulators, donors, special interest leaders, professional associations, providers (public and private sector), payors, and patients or community groups, just

### WHAT IS STRATEGIC COMMUNICATION?

Strategic communication in this context is defined as deliberate coordinated action intended to inform, influence, or persuade key stakeholders to support the policy or program objectives and the ultimate UHC goal.

(Adapted from the World Bank Report, 2009)

### WHAT IS UNIVERSAL HEALTH COVERAGE?

Universal health coverage involves “ensuring that all people have access to promotive, preventive, curative, and rehabilitative health services that is effective, while also ensuring that people do not suffer financial hardship when paying for these services.”

(WHO, 2013)

to name a few. Strategic communication supports the attainment of reform objectives in at least three ways: 1) through increased awareness and knowledge about a problem being addressed by the reform; 2) through the promotion of a positive change in the beliefs, attitudes, and behaviors of the targeted audience; and 3) through the promotion and adoption of new practices that help the reform succeed.<sup>2</sup>

2 Adapted from *Building Commitment to Reform through Strategic Communication: The Five Key Decisions*, World Bank, 2009.

Psychology and social learning theory tell us that human thoughts, motivations, and behaviors are influenced by information exchange with environments and social networks, and that change happens through continuous observation, modeling, and reinforcement (Bandura, 2009). In the field of UHC, as in other fields of policy reform, strategic communication provides the information

exchange, modeling, and reinforcement necessary to influence behavior change. Whether through coalition building, advocacy for resource mobilization, promotion and implementation of new health system processes, or other strategic communication efforts, UHC champions are constantly working to achieve incremental progress toward UHC.

## Essential Definitions

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To avoid confusion, the following foundational definitions have been used consistently throughout this *Practical Guide* and the *Planning Tool*. These definitions are by no means prescriptive but are outlined for the sake of clarity and consistency.

- **AUDIENCE:** Receivers (both active and passive) of communication messages. Not all audiences are stakeholders, but all stakeholders are audiences. For example, if the policy objective is to implement a new voluntary health insurance scheme, the Ministry of Finance may be both an audience (active receiver of information) and stakeholder (with vested interest and influence). However, actively enrolled patient groups may be the audience (passive receiver of information) and not necessarily a stakeholder since they might not have direct influence over this reform objective. While it is possible that the actively enrolled patients could be mobilized to join a movement, thereby becoming stakeholders with vested interest and influence, it is important to understand the distinction between active and passive audiences.
- **COMMUNICATOR:** Individuals, groups, or organizations responsible for creating, stewarding, and implementing a strategic communication plan. In the context of strategic communication for UHC, the primary communicator may be a specific individual or team within a Ministry of Health or any government institution mandated primarily to implement UHC.
- **GOVERNANCE AND POLITICAL ECONOMY ANALYSIS:** A process to identify the structural, political, and socioeconomic factors that influence power relations and the production, distribution, and consumption of resources (DFID, 2009).
- **MESSENGER:** Individuals, groups, or organizations responsible for delivering specific messages to specific stakeholders and/or audiences to implement a strategic communication plan. Messengers are typically trusted representatives who have distinct credibility and/or authority. Since the communicator alone may not be able to reach all target stakeholders and audiences, collaboration or coordination with messengers may be valuable to achieve desired results.
- **STAKEHOLDER:** Individuals, groups, or organizations who have an interest (or a stake) and the potential to influence the actions and aims of an organization, project, or policy direction (Brugha and Varvasovszky, 2000). The terms “stakeholder” and “actor” may be used interchangeably within this *Practical Guide* but are a subset of audiences with vested interest in UHC.
- **ENGAGEMENT:** A form of two-way communication involving stakeholders in dialogue, collective learning, and/or decision-making that directly pertains to achieving or strengthening UHC. Stakeholder engagement is often (though not always) the goal of effective, strategic communication. This *Practical Guide* focuses on strategic communication planning but also provides some examples in which communication segues into deeper engagement.

## Guiding Principles

Communicating to diverse stakeholders about health system reforms requires a foundation of trust and mutual respect between the communicator and those they are trying to reach. Observing a set of guiding principles can help build this foundation and ensure that communication is high-quality and effective.

Based on the literature on communicating public health reforms, UHC, advocacy, and policy change, the authors/ collaborators propose the 10 guiding principles listed in Table 2 as a foundation for strategic communication planning, implementation, and assessment. They should be regularly revisited at each phase of the process.

**Table 2** Guiding Principles of Strategic Communication for UHC

*(co-developed in consultation with participating country delegations from Bangladesh, Cambodia, Ghana, Malaysia, Nigeria, Peru, Senegal, and Sudan)*

<b>OBJECTIVE-ORIENTED</b>	Driven by a specific, measurable UHC goal and related objectives that are tailored to the local context.
<b>LEADERSHIP-DRIVEN</b>	Political and/or management leadership endorse strategy to enhance effectiveness and provide credibility.
<b>TARGETED</b>	Approach is tailored to reach defined primary stakeholder, with understanding of secondary and tertiary audience influence.
<b>STAKEHOLDER-CENTERED</b>	Demonstrates sound understanding of knowledge level, characteristics, preferences, motivations, attitudes, and values of target stakeholders and audiences.
<b>EVIDENCE-BASED</b>	Approach is based on reliable data and information about the context, operating environment, specific reform objective, and target stakeholder or audience groups.
<b>UNDERSTANDABLE</b>	Messaging language and tone are clear and understood by targeted stakeholders and audiences.
<b>INCLUSIVE</b>	Considers diversity of stakeholder and/or audience backgrounds and utilizes appropriate channels.
<b>CREDIBLE</b>	Uses reliable and respectable methods, messaging, and information, including trustworthy messengers.
<b>TIMELY</b>	Employs both proactive and reactive measures, and communicators use sound judgment to respond to dialogue and debate.
<b>MEASURABLE</b>	Based on metrics for success, including baseline, and active monitoring, and tracks progress to adapt to emerging issues or needs.

# Framework of Strategic Communication for UHC

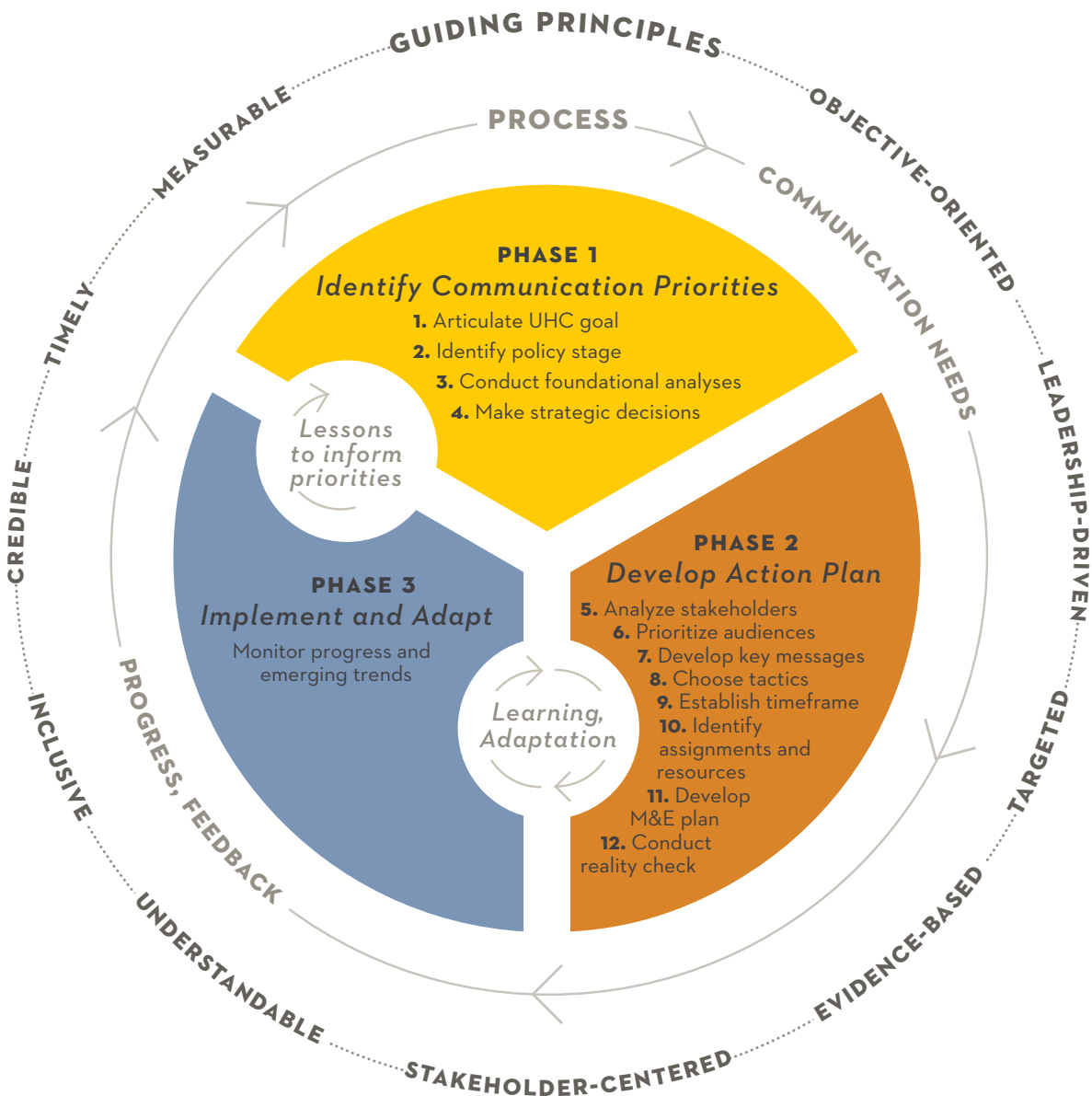
Designing and implementing strategic communication for UHC can be a complicated undertaking in evolving policy environments. Although there is no single, prescriptive

way to undertake effective strategic communication, the proposed framework (Figure 2) provides an organized way to conceptualize the many components involved.

Figure

2

Framework of Strategic Communication for UHC



The framework introduces a three-phase approach to strategic communication planning, with specific considerations and elements linked to UHC and policy reform efforts.

The guiding principles for strategic communication for UHC provide the overarching characteristics that drive effective communication for UHC. These principles ultimately inform the process, which is divided into three phases, each described in more detail in this guide. This three-phase process is not linear but sequential and often iterative. Strategic communication plans are living plans; they actively evolve and adapt according to the operating environment and changing demands from stakeholders.

Phase

1

### Identify Communication Priorities

This phase focuses on articulating the UHC goal, conducting foundational analyses to understand potential reform barriers and drivers, and identifying the primary objectives for an individual strategic communication plan. Finally, the primary communicator and communication position are identified. These steps serve as the groundwork for an effective strategic communication plan.

Phase

2

### Develop Action Plan

This phase uses the decisions made in Phase 1 for communication action planning. While there are many components explained in detail below, this is the tactical

development process. Key steps include performing a stakeholder analysis exercise to determine primary stakeholders and other target audiences, and assessing the readiness and core concerns of those stakeholders and audiences. It also includes developing messages, choosing tactics, pre-testing the approach, establishing timelines and resources for implementation, and creating a monitoring and evaluation (M&E) plan. A final “reality check” enables the communicator to assess the completeness and logic of the plan.

Phase

3

### Implement and Adapt

This phase puts the action plan into motion. Once a plan is operationalized, active monitoring of progress and the operating environment or situation is essential to ensure active learning and plan adaptation. Active monitoring provides information about what’s working and what’s not working, and what’s changing in the operating environment, and may lead to revision and adaptation of plans laid out in Phase 2. As the learning and adaptation cycle occurs, lessons learned from implementation and active monitoring often results in revised messages, messengers, activities, timelines, resource allocations, etc.

This is not a static or necessarily linear process. Ultimately, lessons learned in Phase 3 may feed into a renewed cycle of planning, with reassessment of the situation and program decisions.



# PHASE 1.



## IDENTIFY COMMUNICATION PRIORITIES

1

### STEP 1. ARTICULATE UHC GOAL

**HIGH-IMPACT STRATEGIC COMMUNICATION efforts are grounded in a vision for long-term change—in this case, achieving or strengthening UHC.**

**Typically, UHC champions or communicators are not responsible for defining the UHC goal**

**(this is done at the highest levels of leadership and policy) but are responsible for interpreting and articulating that goal and implementing a multifaceted and phased plan to achieve results.**

#### PURPOSE

Develop clear statement about the most significant, sustained UHC-related change(s) sought for a specific context.

UHC goals may vary from context to context depending on the maturity of the health system and the stage of policy reform. No matter the context, UHC champions in the country must articulate a specific, measurable UHC goal to realize change. This section highlights the UHC goals of some JLN member countries, which inform strategic communication strategies. (See Table 3.)

Compelling UHC goals focus on significant, long-term change with target timelines to achieve that change. Strong UHC goals will also be specific about the type of change intended. The change may be focused on the supply side (strengthening quality of primary health care services), the demand side (increasing access to services among

marginalized or vulnerable populations) or focused on the financial burden of health (diversifying health financing sources or decreasing out-of-pocket spending).

With this guidance in mind, use the *Planning Tool* (Phase 1: Step 1) to articulate or revisit your UHC goal.

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	SENEGAL 	PERU 	MALAYSIA 
<b>CONTEXT</b>	<p>Until 2012, almost 80% of the population (mostly rural and working in the informal sector) did not benefit from health insurance coverage. The minority covered were government workers and the private sector, for whom insurance was compulsory.</p> <p>Today, financial access to health services and sustainable health financing remain significant challenges.</p>	<p>Since implementing health sector reforms in 1998, Peru has reached 80% of its population with health services.</p> <p>The country now faces the challenge of reaching the remaining 20% of the (mostly rural and informal sector) population, reducing the burden of out-of-pocket payments, and increasing financial protection and equity.</p>	<p>Malaysia achieved UHC in the 1980s through general tax funding and strong political support emphasizing inclusive and equitable growth.</p> <p>Today, 60% of the adult population has at least one chronic disease while health costs are rising faster than GDP growth, posing challenges to the sustainability of the health care system.</p>
<b>UHC GOAL</b>	Senegal aims to achieve UHC through improved access to affordable, high-quality health care for all, including those in the informal sector and in rural areas.	By 2021, Peru aims to achieve UHC, with attention to public health services and equity of coverage, regardless of socio-economic status, geographic location, and gender.	To strengthen UHC, Malaysia aims to bring together the dichotomous public and private health care systems, diversify financing sources, and expand patient care choices with a focus on health outcomes, particularly for non-communicable diseases.



#### QUESTIONS FOR CONSIDERATION

What is the most significant and sustained change that you hope to achieve related to UHC?

COMPLETE  
**STEP 1 IN THE**  
PLANNING TOOL →



# 2

## STEP 2. IDENTIFY POLICY STAGE

Every UHC goal corresponds with a specific stage (or iterative and overlapping stages) of policy reform. By identifying the appropriate stage(s) that correspond to an individual goal, UHC champions will be well positioned to determine the communication priorities for the reform agenda. Table 4 outlines illustrative communication tasks for each operational stage of the UHC policy reform process.

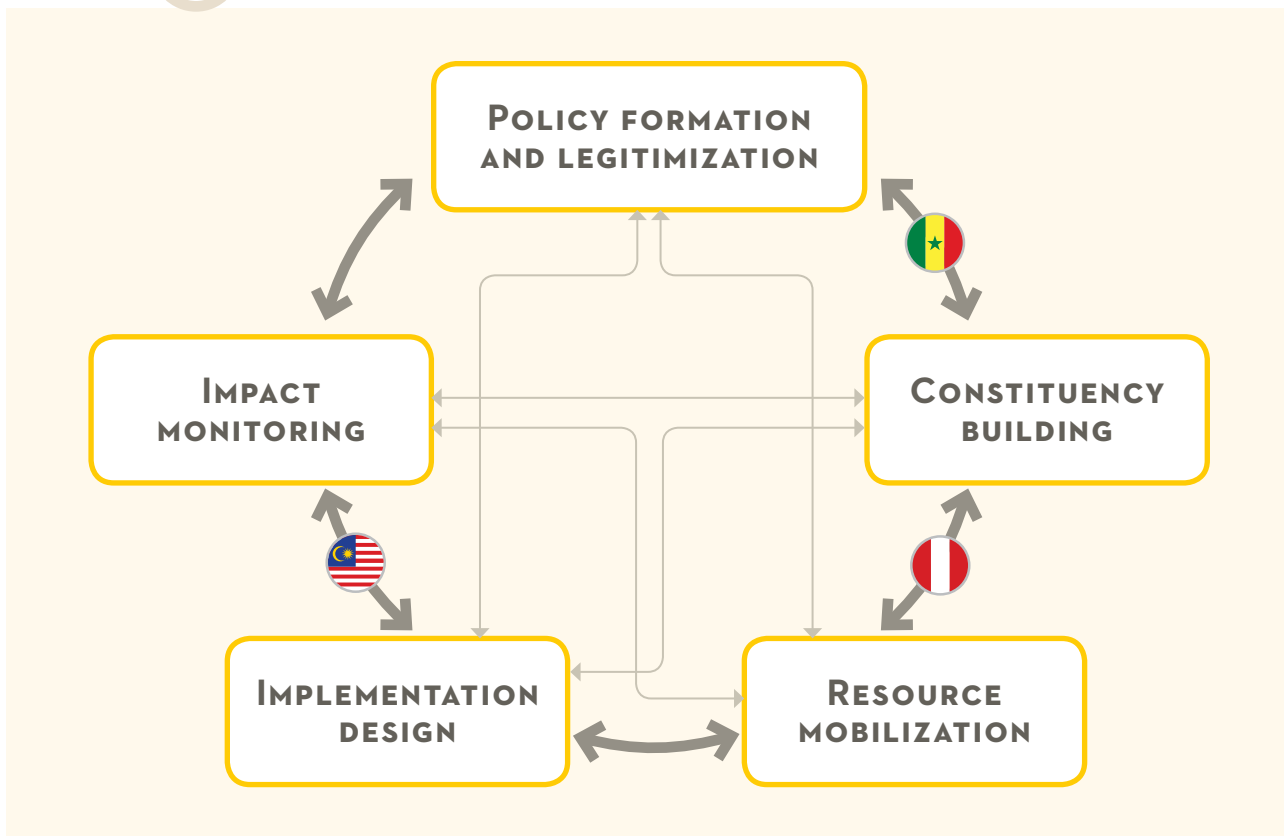
### PURPOSE

Identify policy stage that corresponds with context-specific UHC goal to set the stage for communication priority-setting.

Each of the stages outlined in Table 4 will require specific changes in stakeholder knowledge, attitudes, and/or behaviors. As illustrated in Figure 3, different country contexts and UHC goals will correspond with different policy reform stages, as well as different tasks and strategic communication objectives.

Table 4 UHC Policy Stages and Illustrative Communication Tasks

POLICY/IMPLEMENTATION STAGES	ILLUSTRATIVE COMMUNICATION TASKS
<b>POLICY FORMATION AND LEGITIMIZATION</b>	<ul style="list-style-type: none"> <li>Use policy to inform key stakeholders about technical content of the UHC policy, such as operational framework for programs</li> <li>Convene advocacy meetings to encourage key individuals or groups (such as development partners, civil society, or government agencies) to take action or assume ownership for UHC policy implementation</li> </ul>
<b>CONSTITUENCY BUILDING</b>	<ul style="list-style-type: none"> <li>Host town hall meetings to mobilize supporters, including persuading interest groups about how they will benefit from health sector reforms</li> <li>Engage in active debate to reduce or deflect opposition from those who consider reform measures to be undesirable or potentially harmful</li> </ul>
<b>RESOURCE MOBILIZATION</b>	<ul style="list-style-type: none"> <li>Coordinate key stakeholders to advocate for resources</li> <li>Organize dialogues with payors and providers to create feedback loops for assessing how new arrangements are going</li> <li>Publicize successful examples of efficient and effective resource allocation and utilization to ensure a continuous flow of support</li> </ul>
<b>IMPLEMENTATION</b>	<ul style="list-style-type: none"> <li>Training actors in new roles and responsibilities</li> <li>Informing concerned populations about rights, responsibilities, and procedures</li> <li>Lead dialogue with payors and providers to realize new implementation arrangements or structures, or modify existing ones</li> <li>Engage a wide range of implementation partners through technical working groups to create and nurture collaborative partnerships</li> </ul>
<b>IMPACT MONITORING</b>	<ul style="list-style-type: none"> <li>Collect and review data (including information on audience knowledge, attitudes, and/or behaviors) to determine incomplete knowledge, unchanged behaviors or attitudes, barriers, misunderstandings, or entry points</li> <li>Use data for decision-making to ensure UHC strategies are adaptable and relevant to evolving contexts</li> </ul>



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Strategic communication for UHC will vary significantly based on the stage and maturity of the UHC process, as well as the governance and political economy dynamics of the operating environment. By articulating the specific stage(s) of reform for a given context, UHC champions embark on the first step to assess and understand the factors at play.

With these examples as reference, use the *Planning Tool* (Phase 1: Step 2) to indicate the appropriate stage or stages of the UHC process for your context.



**QUESTIONS FOR CONSIDERATION**

What is the current stage or stages of policy reform for your context?

What are the operational priorities for making UHC a reality?

**COMPLETE  
STEP 2 IN THE  
PLANNING TOOL** →

# 3

## STEP 3. CONDUCT FOUNDATIONAL ANALYSES

WITH A CLEARLY ARTICULATED UHC goal and policy stage, two forms of analysis are essential to lay the groundwork for strategic communication planning. First, governance and political economy (GPE) analysis helps policy champions identify the structural, political, and socioeconomic factors that might influence the policy reform process and related strategic communication efforts. Second, a basic communication scan provides an overview of the potential assets or barriers (both internal and external to the communicator) that may contribute to the planning process. Both forms of analysis may be undertaken with varying levels of depth and rigor, and both are essential to informed, data-driven decision-making.

### PURPOSE

Undertake analyses that will provide foundational information for context-specific strategic communication decision-making.

## Governance and Political Economy Analysis

### PURPOSE

Carry out contextual analysis to identify potential governance and political economy barriers and/or drivers to the UHC process and related communication efforts.

GPE analysis aims to uncover the social, cultural, political, and power dynamics that may influence or inform strategic communication planning and execution. Context-specific governance and political economy factors have direct bearing on the priorities of key stakeholders, reception of or opposition to key messages, and the evolution of UHC strategies. Understanding those factors early on will enable policy champions to make informed decisions for communication planning.

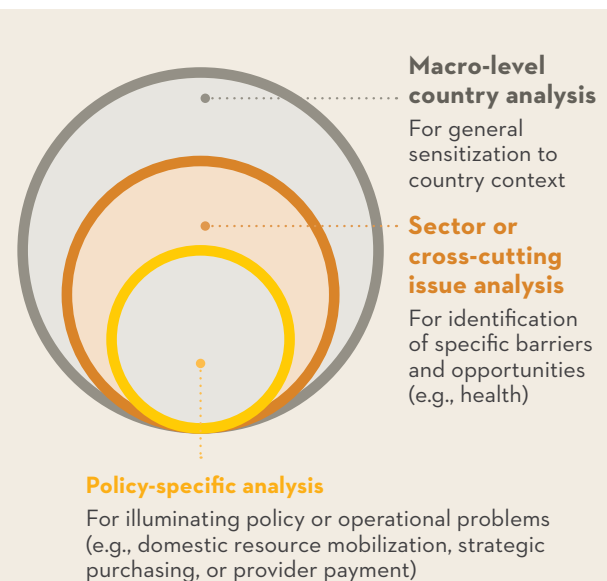
Time and resource constraints may prohibit full-scale, in-depth GPE analysis, but even a rudimentary GPE scan can provide foundational information. **One key challenge associated with effective GPE analysis is determining the level of analysis necessary for strategic decision-making.** There are three broad levels of GPE analysis (adapted from Fitz, Kaiser and Levy, 2009), as shown in Figure 4:

- **MACRO- OR COUNTRY-LEVEL ANALYSIS:** To gain a general understanding of broad issues pertaining to the country context. Often, this occurs in the politically driven stage of policy reform when the UHC agenda is

Figure

4

### Levels of Governance and Political Economy Analysis



*Adapted from "Political Economy Analysis How To Note," DFID practice paper, July 2009*

being set. For example, factors might include national legislative processes or ingrained expectations associated with gender roles.

- **SECTOR-LEVEL ANALYSIS:** To identify specific barriers and opportunities associated with UHC and health sector reform. Factors to consider might include: operating relationships between the MOH and other independent agencies (e.g., health insurance authority, accreditation organization, pharmaceutical regulators, etc.), dynamics between public and private sector providers, provider associations or trade unions, or contributing factors to high out-of-pocket expenditures.
- **POLICY-SPECIFIC ANALYSIS:** To diagnose policy or operational issues at a deeper level. Factors to consider might include: legislative process associated with earmarking funds for health, high rates of participation in the informal sector, or nuances related to strategic purchasing.

In the context of strategic communication for UHC, GPE analysis enables policy champions to have at least a basic foundational knowledge about the potential drivers and barriers in the operating environment. Ultimately, this information should be used to identify key stakeholders and priority audiences, and to understand the factors that might influence their knowledge, attitudes, and behaviors. This information will be valuable for other steps in defining a communication position (Step 4), analyzing stakeholders (Step 5), and developing key messages (Step 6).

While numerous tools and resources exist for conducting GPE analysis, this *Practical Guide* adapted components of the World Bank and UK Department for International Development (DFID) problem-driven approach to governance and political economy analysis. As outlined in the *Planning Tool* and in Figure 5, GPE analysis invites communicators to analyze two components of the operating environment:

**Figure 5 Key Considerations in GPE Analysis**

FACTORS FOR CONSIDERATION	INSTITUTIONAL AND GOVERNANCE ARRANGEMENTS	POLITICAL ECONOMY FACTORS
	<ul style="list-style-type: none"> <li>• Relevant government ministries and agencies and their interactions</li> <li>• Laws and regulations</li> <li>• Policy processes</li> <li>• Formal and informal rules or operating procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Structural factors such as geography, social stratification, and power dynamics</li> <li>• Economics and market dynamics</li> <li>• Cultural norms and social trends</li> <li>• Stakeholder perceptions and incentives</li> </ul>

**POTENTIAL DRIVERS** of GPE are factors likely to provide opportunities or positive momentum for achieving the overall UHC goal. **POTENTIAL BARRIERS** of GPE are factors likely to impede progress toward a UHC goal. Understanding what factors are influencing the operating environment and why those factors exist should inform decision-making related to communication objectives, positioning, and the stakeholder analysis. (Cabañero-Verzosa and Garcia, 2011)

Use the *Planning Tool* (Phase 1: Step 3) to conduct your own GPE analysis.



**QUESTIONS FOR CONSIDERATION**

What are the systemic problems that continue to plague the operating environment broadly or the health sector specifically?

Why have these problems persisted?

How can good communication (and/or related coalition building) help to address these problems?

What knowledge, beliefs, or behaviors must be changed—and among which stakeholder groups—to achieve your UHC goal?

## FROM ANALYSIS TO ACTION: CHAG'S WORK TO ADDRESS MENTAL HEALTH IN GHANA



**ON GHANA'S PATH TO ACHIEVE UHC, LIMITED ACCESS TO AND QUALITY OF MENTAL HEALTH SERVICES IS A MAJOR BARRIER.** Only an estimated 2% of Ghanaians living with mental illness receive any kind of treatment, and patients are often stigmatized or treated inhumanely. In 2012, the Government of Ghana established the Mental Health Authority (MHA) and passed the Mental Health Act, aimed at promoting and implementing culturally appropriate, humane, and integrated mental health services across the country. Despite these legislative gains, financial and human resources for mental health remained low.

Recognizing this persistent challenge, the Christian Health Association of Ghana (CHAG)—the second-largest provider of health services in the country—embarked on a campaign to improve the overall quality of life for people living with mental illness. CHAG sought to answer the foundational questions: Why is the quality, coverage, and equity of mental health services persistently low? And what can be done to generate change?

Governance and political economy analysis at multiple levels was essential to answer these foundational questions and to inform strategic planning for the campaign. At the macro level, CHAG recognized that the MHA was new and poorly resourced; a major governance barrier was the lack of political will to address mental health. At a policy-specific or grassroots level, there was little or no awareness about the realities of mental illness. Many traditional or religious social groups perceived mental illness as the work of evil spirits or possession; traditional healers have been observed advocating for beating, starvation, and shackling to rid people of their symptoms.

Based on the findings, CHAG established two primary objectives for its mental health campaign: generate political interest and will to dedicate resources to this issue and build awareness among communities and community leaders to reduce misconceptions and stigma. CHAG engaged spiritual leaders to help debunk myths about evil spirits and possession. Building from information uncovered in a quick GPE analysis, CHAG established an impactful mental health program and supporting strategic communication plan.

COMPLETE  
STEP 3 IN THE  
PLANNING TOOL →



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# Conduct Communication Scan

## PURPOSE

Carry out a basic scan of the communication-related opportunities for leverage, as well as barriers to overcome to achieve your primary objective.

Before launching into communication planning, it is important to assess the potential assets or barriers (both internal and external to the communicator) that may contribute to the planning process. This analysis may be rapidly undertaken and should consider both the perspectives of the individual communicator or communication team, as well as the perspective of the

entire organization or entity they represent. Establishing an understanding of these assets and barriers early on may enable more thoughtful, organized, and strategic decision-making in the long term.

The *Planning Tool* suggests considering two dimensions, internal and external, as illustrated in Table 5.

**Table 5** Communication Scan with Illustrative Examples

	INTERNAL (OR ORGANIZATIONAL) COMMUNICATION ARRANGEMENTS AND CAPACITIES	EXTERNAL COMMUNICATION FACTORS
	<i>What factors from your organization and/or team may impact your communication strategy?</i>	<i>What is already happening outside your organization and/or team that may impact your communication strategy?</i>
<b>POTENTIAL OPPORTUNITIES</b>	<ul style="list-style-type: none"> <li>• Leadership commitment</li> <li>• Available budget</li> <li>• Existing owned communication channels (e.g., website, newsletter, social media)</li> <li>• Strong staff capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Public and private sector partners willing to engage</li> <li>• Existing coalitions or working groups</li> <li>• Positive media interest</li> </ul>
<b>POTENTIAL BARRIERS</b>	<ul style="list-style-type: none"> <li>• Complex bureaucracy for decision-making</li> <li>• Lack of leadership commitment</li> <li>• Limited staff capacity</li> <li>• Limited communication channels (e.g., no existing means to reach rural or remote audiences)</li> <li>• Lack of dedicated budget for communication</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of political will from non-health stakeholders</li> <li>• Upcoming political elections could divert focus to campaigns</li> <li>• Limited public knowledge about or support for reform</li> <li>• Other events, competing issues that take national/sub-national priority</li> </ul>

For each of these dimensions, identify the potential assets or opportunities that might be leveraged in a strategic communication campaign. Additionally, identify potential barriers that may pose challenges for you to overcome. This outline of key information will be valuable for strategic decision-making (Step 4) and activity planning (Steps 8–10).

Use the *Planning Tool* (Phase 1: Step 3) to think through the internal and external factors that are relevant to your communication planning process.



### QUESTIONS FOR CONSIDERATION

What are the potential internal and external opportunities or barriers to your communication efforts? Consider this both from the perspective of your specific team or unit and from the perspective of the organization as a whole and the broader external context.

**COMPLETE  
STEP 3 IN THE  
PLANNING TOOL**



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# 4

## STEP 4. MAKE STRATEGIC DECISIONS

WITH A CLEAR PICTURE of the UHC goal, policy stage, and reform context, UHC champions must make strategic decisions about the communication approach. By systematically thinking through the theory of change associated with the context-specific

UHC process, setting a clear priority objective for the communication plan, identifying the communicator responsible for carrying the strategy forward, and establishing a communication position related to achieving the primary objective, UHC champions will be equipped to develop a comprehensive and action-oriented plan.

### PURPOSE

Use information related to UHC goal, reform stage, and contextual factors to make key decisions about strategic communication priorities.

## Set Primary Objective

### PURPOSE

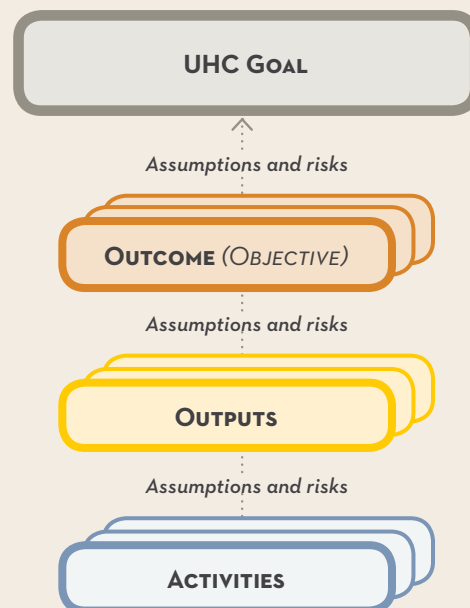
Articulate the necessary changes in stakeholder knowledge, attitudes, and behaviors required to achieve UHC goal, and select one as the priority around which to develop the primary objective and a strategic communication plan.

The first strategic decision in strategic communication for UHC is determining the primary objective that serves as the foundation for the plan. To do so, UHC champions start with a “theory of change” for UHC: an outline of the causal links between a specific set of activities and a series of results (or changes) that contribute to the achievement of a final goal.<sup>3</sup> **Within that theory of change, an INDIVIDUAL PRIORITY OBJECTIVE is identified for strategic communication planning.**

Theories of change can be developed for any level of intervention—a project, program, policy—so long as objectives and activities can be mapped in some way that flows logically and can adapt in response to emerging issues and decisions made by other stakeholders. As shown in Figure 6, a theory of change is typically a depiction of a process linking activities to outputs to outcomes (otherwise considered objectives) and an ultimate goal. At each step of the process, assumptions and risks are articulated.

Step 4 of the *Planning Tool* invites users to outline one segment of a theory of change: the objectives related to

Figure 6 Schematic of Theory of Change



Adapted from UNICEF, 2014

3 Adapted from Rogers, P., Theory of Change, *Methodological Briefs: Impact Evaluation 2*, UNICEF Office of Research, 2014.

changes in structures, programs, and human behaviors that make progress toward the UHC goal possible. Because of the complexity of UHC and systems change, each objective will have different (though often overlapping) priority stakeholders, key messages, and tactics, and as a result, **each objective will require an individual communication plan.**

Objectives for UHC can generally be divided into two categories:

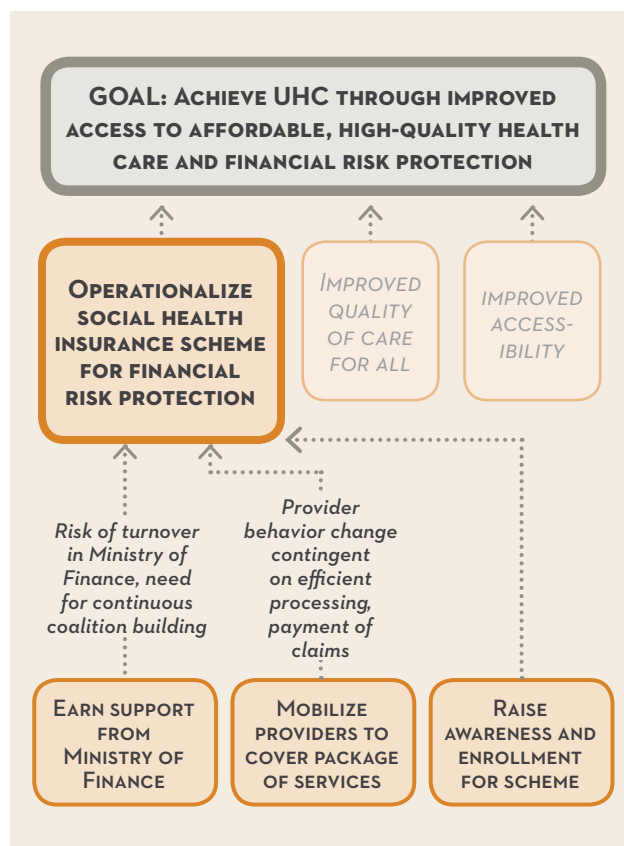
- **POLICY OR PROGRAMMATIC CHANGE:** Incremental shifts in structures or strategies, such as modified service packages, revised user fees, new insurance mechanisms, or updated approaches to provider payment<sup>4</sup>
- **BEHAVIOR CHANGE:** Prompting individuals or groups to do something different, which encompasses corollary changes in beliefs, attitudes, or norms; this might include changes in use of data for decision-making, improving the consistency and quality of health care delivery, or increasing enrollment in financial risk protection or risk pooling mechanisms<sup>5</sup>

Both types of changes will likely be essential to achieve an overall UHC goal. **Since most UHC processes will involve multiple objectives, multiple communication plans will need to be developed to create a coherent strategic communication campaign.**

When dealing with high-level policy objectives, like operationalizing a new health insurance scheme, it may be helpful to identify sub-objectives in an underlying theory of change. As illustrated in Figure 7, to operationalize the scheme, you may need to realize three complementary sub-objectives: earning support from the Ministry of Finance, mobilizing providers to cover a specific package of services, and raising user awareness and enrollment for the scheme. Each of these sub-objectives will require an individual strategic communication plan but may contribute to a larger UHC campaign.

For each objective and sub-objective, five key principles will ensure that the objectives are strategic and achievable or SMART. The SMART principles include:




**Figure 7** Theory of Change Example with Specific Sub-Objectives



- **SPECIFIC:** Objectives should clearly define what change is intended to take place. Key information might include who is involved, where the change needs to take place, and what resources will be used.
- **MEASURABLE:** Objectives should include measurable targets to track progress and successes through an active monitoring plan. This might mean outlining how many people are involved or a quantifiable magnitude of structural change.
- **ATTAINABLE:** Objectives should be realistic or feasible based on context-specific constraints. Key information might include what resources are required to achieve the objective and what changes are within the control of the policy champion and their networks.
- **RELEVANT:** Objectives should be timely, aligned with other related priorities, and applicable to the socioeconomic and political environment. Relevance might be determined by considering if the objective is worthwhile and aligned with ongoing efforts or priorities.

4 Adapted from Cerna, L., *The Nature of Policy Change and Implementation: A Review of Different Theoretical Approaches*, OECD, 2013.

5 Adapted from Cabañero-Verzosa and Garcia, *Building Commitment to Reform through Strategic Communication: The Five Key Decisions*, The World Bank, 2009.

	SENEGAL 	PERU 	MALAYSIA 
REFORM STAGE	POLICY LEGITIMIZATION / CONSTITUENCY BUILDING	CONSTITUENCY BUILDING / RESOURCE MOBILIZATION	IMPLEMENTATION DESIGN (TO IMPROVE UHC) / IMPACT MONITORING
UHC GOAL	Senegal aims to achieve UHC through improved access to affordable, high-quality health care for all, including those in the informal sector and in rural areas.	By 2021, Peru aims to achieve UHC, with attention to public health services and equity of coverage, regardless of socio-economic status, geographic location, and gender.	To strengthen UHC, Malaysia aims to bring together the dichotomous public and private health care systems, diversify financing sources, and expand patient care choices with a focus on health outcomes, particularly for non-communicable diseases.
OBJECTIVES	<p>To achieve this goal, the following programmatic objectives are set for the next 12 months:</p> <ul style="list-style-type: none"> <li>Bring at least 45% of the Senegalese population to join community-based health insurance (CBHI)</li> <li>Make at least 95% of CBHI schemes operational</li> <li>Define an essential minimum benefit package guaranteed by CBHI</li> </ul>	<p>To expand and enhance health services and achieve UHC, three strategic objectives include:</p> <ul style="list-style-type: none"> <li>Increase health care demand and access among remote/vulnerable populations to reach the remaining 20% of the population</li> <li>Expand insurance coverage to 100%</li> <li>Implement primary health care networks</li> <li>Strengthen governance of the health system</li> </ul>	<p>To improve UHC in Malaysia, the MOH is implementing incremental reforms in multiple aspects of the health system. Objectives include:</p> <ul style="list-style-type: none"> <li>Implement a voluntary health insurance mechanism</li> <li>Enhance primary health care (PHC) to better tackle non-communicable diseases</li> <li>Strengthen community involvement in health interventions</li> </ul>

- **TIME-BOUND:** Objectives should establish a timeframe against which to measure progress. In the context of strategic communication for UHC and rapidly evolving policy environments, shorter timeframes such as one month, six months, or 12 months may be appropriate.

For countries at different stages of policy reform, the objectives to achieve the overall UHC goal will necessarily be different. (See Table 6.) Regardless, objectives should be linked to a theory of change and, ultimately, the communication plan should provide the tactical approach to change knowledge, attitudes, and behaviors in support of the primary objective.



#### QUESTIONS FOR CONSIDERATION

What are the specific, measurable, attainable, relevant, and time-bound changes that you need to accomplish to move toward your UHC goal?

Among those changes, what is the one policy or behavior change objective around which you will organize your strategic communication plan?

**UHC champions should develop distinct strategic communication plans for individual objectives.** Each objective is likely to have unique target stakeholders, priority audiences, key messages, and tactics. As suggested in the *Planning Tool*, list the highest-priority objectives here and **identify one for this strategic communication plan**. The final output from the *Planning Tool* is intended to provide an outline for a comprehensive strategic communication plan for one specific objective, which may be grouped with plans for related objectives to execute a UHC-focused strategic communication campaign.

Use the *Planning Tool* (Phase 1: Steps 4.1 and 4.2) to outline your own objectives and identify a primary objective around which you will organize your strategic communication plan.

**COMPLETE STEPS  
4.1 AND 4.2 IN THE  
PLANNING TOOL** →



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# Identify Primary Communicator

## PURPOSE

Decide who (individual, team, or organization) will be responsible for creating and overseeing execution of the strategic communication plan.

Before launching into plan development, identifying and articulating the primary communicator is an essential step to avoid internal confusion or mismanagement. As outlined in the *Planning Tool*, this means answering the question **Which individual, team, or organization serves as the main communicator for this strategy (e.g., MOH, health insurance authority)?**

While the answer to this question may seem obvious (“*The person completing this plan is the communicator!*”), the complex nature of policy reform suggests otherwise. In the context of strategic communication for UHC, the primary communicator may be a specific individual or team within a Ministry of Health or similar oversight body. In some cases, the MOH may have an individual designated for communication related to UHC and/or other public health programs. In other cases, the communicator for a Ministry of Health may be a policy implementer or UHC champion—with or without communication expertise. Attributes of an impactful communicator might include:

- **TECHNICAL COMPETENCE RELATED TO UHC:** Fundamental understanding of UHC concepts and policy processes provides the groundwork for strategic communication planning.
- **KNOWLEDGE OF COMMUNICATION BEST PRACTICES:** Understanding of communication best practices enables communicators to develop and execute informed, high-impact plans.
- **LOCAL EXPERIENCE:** Prior experience in the operating environment and understanding of the context is essential to target the right stakeholders in the right ways.

The important thing to keep in mind is that the communicator is the individual or group who create/s, steward/s, and represent/s a strategic communication plan. This is different from the messengers who convey key messages or serve as external-facing spokespersons. The communicator can be distinguished from the messenger (detailed later) as the developer or “owner” of the strategy, as opposed to the individual or group relaying the message to target audiences. Sometimes the primary communicators and messengers overlap, while other times it is necessary that messengers be an outside, trusted party.

By explicitly naming the individual or team responsible for driving this strategic communication plan forward, accountability is established even before action planning begins.

Use the *Planning Tool* (Phase 1: Step 4.3) to identify the appropriate individual, team, or organization to serve as the lead for this strategy.



## QUESTIONS FOR CONSIDERATION

Which individual, team, or organization serves as the main communicator for this strategy?

What expertise or capacity is required for this communicator to be effective?

Does the appropriate expertise exist within my organization?

Are there resources outside of my organization that can or should be considered?

**COMPLETE  
STEP 4.3 IN THE  
PLANNING TOOL** →



# Define Communication Position

## PURPOSE

Articulate the position or stance that the communicator will assume in the overall policy discussion or debate. This sets the tone for the entire strategic communication plan.

With a specific objective and communicator in mind, it is essential to articulate the position of the communicator in the overall policy discussion or debate. Too often, communicators start UHC-related campaigns as if no one has ever discussed the issue before. In reality, there are usually stated facts, perceptions, and debates already taking place. Some of these may have arisen in the GPE analysis conducted in Step 3.

**The key is to understand the current debate or rhetoric before determining your communication position.**

The Spitfire Strategies *Smart Chart 3.0* outlines three distinct positions that a communication campaign might take:

- **POSITION 1—FRAME:** Framing a debate means there is no current dialogue about the issue and thus, an opportunity to be the first-mover to shape the conversation.
- **POSITION 2—FORTIFY AND AMPLIFY:** When there is a debate already in motion and the rhetoric is favorable to your primary objective, it may be important to reinforce what's being said or highlight factors that may help you achieve a desired outcome. In this case, communicators do not need to invest time and money to shift the conversation but may seek to deepen or amplify certain elements.
- **POSITION 3—REFRAME:** When a debate is ongoing but the rhetoric is set against your primary objective, it may be crucial to reframe the conversation. Some communicators make the mistake of continuing to fortify and amplify a losing debate when their objectives might be better served by changing the frame and creating the space for a new, more productive dialogue.

In the context of strategic communication for UHC, it is important to keep in mind that the appropriate communication position will vary based on two related variables: 1) the stage of reform and 2) the existing debate or dialogue on the topic of UHC. At the early stages of reform, including passage of the initial legislation, it may seem most appropriate to focus on Position 1: Frame, but if key audiences are already engaged in discussion or debate about UHC or related issues, you may need to fortify and

amplify or reframe the debate. The position and framing of UHC communication will evolve as the stage of reform and public debate or sentiment about UHC evolve. When the communication plan is implemented, it is important to monitor the ongoing reform environment and public dialogue and to revisit or revise the communication position, as appropriate.

As outlined below, the communicator may identify different messengers, channels, and forms of media to deliver different messages as part of the overall position. Developing stakeholder targeting, messages, messengers, and tactics based on informed strategic decisions will set a communication campaign up for success.

Use the *Planning Tool* (Phase 1: Step 4.4) to set a primary objective, conduct a communication scan, identify a primary communicator, and define your communication position.



## QUESTIONS FOR CONSIDERATION

What is the status of the dialogue or debate about UHC in your context?

What are people saying in relation to your primary objective?

Are people engaged and talking about your issue(s)?

Is the dialogue and debate headed in the right direction?

» If so, what do you want to change, push, or promote?

» If not, what do you want to change or reframe?

*Remember that factors identified in your GPE analysis may provide insights about the current dialogue and context for UHC.*

**COMPLETE  
STEP 4.4 IN THE  
PLANNING TOOL** →



## PHASE 2.



# DEVELOP ACTION PLAN

5

### STEP 5. ANALYZE STAKEHOLDERS<sup>6</sup>

**STRATEGIC COMMUNICATION USES** the tools of negotiation and persuasion to identify the main interests of stakeholders and promote their understanding and support of proposed reform (Cabañero-Verzosa and Garcia, 2009).

Understanding the underlying characteristics, motivations, and values of key stakeholders is an essential first step for effectively designing, implementing, and assessing a strategic communication plan. Stakeholder analysis is a commonly used approach to evaluate and understand stakeholders to determine their knowledge, attitudes, and behaviors related to a policy initiative. It can be used to generate knowledge about relevant actors' knowledge level, intentions, interrelations, agendas, interests, and/or influence or resources they have brought—or could bring to bear—on policy initiatives (Brugha and Varvasovszky, 2000).

#### PURPOSE

Map out the potential stakeholders who will be important to reach to achieve your primary objective, and analyze their relative knowledge, positions, interests, alliances, resources, and power.

Stakeholder analysis may be undertaken with varying levels of depth and rigor depending on the time and resources available. For the purposes of this *Practical Guide*, a relatively rigorous yet light-touch set of guidelines (adapted from the more rigorous stakeholder analysis approach proposed by the LAC Policy Toolkit from the USAID-funded Partners for Health Reform*plus* project) are suggested to yield useful and accurate information. Key tasks to undertake for this stakeholder analysis methodology include the following.

<sup>6</sup> Stakeholder analysis approach adapted from Health Sector Reform Initiative, Policy Toolkit for Strengthening Health Sector Reform, Partners for Health Reform*plus*, 2000.

Before undertaking analysis, it is important to devise a plan for collecting and using the information. Essential tasks include:

- **FORM WORKING GROUP:** The UHC policy champion or primary communicator should form a small “working group” (ideally two to four individuals) that will be responsible for carrying out the information gathering and an analysis process. The champion or primary communicator may even lead or serve as a member of the working group. To the greatest extent possible, the working group should represent distinct interests. This helps to minimize potential biases that can occur when a single person or institution conducts the analysis and creates opportunities for more diverse interpretation of the data. It is important that working group members are experienced in impartial interviewing and data collection. If necessary, a day of training for the working group may be required for basic capacity building and practice.
- **ESTABLISH STEPS AND TIMELINE:** This working group should identify all the sub-tasks necessary for the analysis and a timeline for the process. Sub-tasks are outlined below in Tasks 2–5. Stakeholder data collection should take place in the form of secondary data collection (described below), followed by primary data collection through stakeholder interviews, if necessary. Typically, secondary data collection will take 1–3 days, while primary data collection may take up to two weeks. Sufficient time should be allocated for interviewing and rescheduling, as needed. It is important to note that primary data collection may not always be necessary or appropriate, especially if secondary data is readily available.

Identifying the right stakeholders and setting priorities is essential for successful analysis. The essential steps for this process include:

- **DEVELOP A LIST OF ALL POSSIBLE STAKEHOLDERS:** Initially, the working group should identify all actors related to the primary objective, including actors outside the health sector who may be affected. Specific stakeholders may be identified from sectors including national and sub-national political offices (legislators, governors); international donors or partners; public (ministries, agencies); labor (unions, professional associations); private sector/for-profit, non-profit, or non-governmental, and civil society.
- **REFINE LIST OF PRIORITY STAKEHOLDERS:** Since time, resources, and finances for analysis will be limited, the list of stakeholders to be interviewed and/or analyzed in depth must be prioritized. Ideally, the working group should consult two or three persons with extensive knowledge of the health sector and UHC environment to set the priority list. This can help minimize bias and partiality in the selection process. Using expert input, the working group should prioritize a list of stakeholders, ideally no more than 10, who have direct interest in and influence over the UHC process and primary objective previously selected, as well as a description of the justification for their inclusion. Once stakeholders are chosen, the working group should develop a contact list, with stakeholder names, phone numbers, and email addresses, as relevant.

In preparation for interviews and data collection, the working group should:

- **PREPARE STAKEHOLDER REFERENCE TABLE:** The working group should develop an outline of stakeholder information and characteristics for consideration during the data collection process. Some of this information may be assumed or understood prior to data collection, but impartial data collection is essential to ensure accuracy and minimize bias. Stakeholders will be assessed based on specific characteristics and, for some characteristics, given a quantitative score (1–3). Key information to include:

» **Name**

» **Role and organization**

» **Knowledge:** Level of accurate knowledge the stakeholder has regarding the primary objective in question. Knowledge may be assessed on a scale of 1–3; 1 = no knowledge of the primary objective, 2 = some knowledge of the primary objective, 3 = significant knowledge of the primary objective.

» **Position:** Whether the stakeholder supports, opposes, or is neutral about the primary objective, which is key to establishing their readiness for change. Position may be assessed on a scale of 1–3; 1 = opposed to primary objective, 2 = neutral about primary objective, 3 = supports primary objective.

» **Interest:** The stakeholder's interests (both positive and negative) in the primary objective, or the advantages and disadvantages that the implementation of the primary objective may bring to the stakeholder. This includes both a description of the stakeholder's interests and a determination of the level of their interest on a scale of 1–3; 1 = little or no interest in the primary objective, 2 = some interest in the primary objective, 3 = significant interest in the primary objective. Determining the stakeholder's vested interests helps UHC policy champions understand the stakeholder's core concerns, which will emerge during Step 7 (developing key messages).

» **Alliances:** Individuals or organizations that collaborate to support or oppose the primary objective. Alliances can make a seemingly weak stakeholder stronger or provide a way to influence stakeholders.

» **Resources:** The quantity of resources—human, financial, technological, political, and other—available to the stakeholder and his or her ability to mobilize them. This is an important characteristic to determine a stakeholder's overall influence. Based on the relative amount of resources available and ability to mobilize, each stakeholder should be given a score on a scale of 1–3. For available resources: 1 = limited or no resources available, 2 = some resources available, 3 = significant amount of resources available. For ability to mobilize resources: 1 = little or no to mobilize resources, 2 = some ability to mobilize resources, 3 = significant ability to mobilize resources.

» **Influence:** The overall ability of the stakeholder to influence or catalyze action for or against the primary objective. Influence should be assessed on a scale of 1–3: 1 = limited or no ability to influence action, 2 = some ability to influence action, 3 = significant ability to influence action.

- **PREPARE INTERVIEW QUESTIONNAIRE AND PROTOCOL:**

Once the working group has completed the reference table, they should develop an interview questionnaire to be used for data collection with priority stakeholders. In developing the questionnaire, the working group should consider the most appropriate way to obtain information, given the context. Asking direct questions may seem like the most efficient way to gather information but may not be appropriate or effective for every individual in every setting.

Questions should be clear and specific, wherever possible, requiring stakeholders to go beyond a simple yes/no answer. The questionnaire length should be appropriate for an interview that ideally does not exceed a one-hour time limit. The questionnaire should include an introductory section that the interviewer can read to each stakeholder. See the Annex for a sample questionnaire for adaptation and use.

- **TEST INTERVIEW QUESTIONNAIRE AND PROTOCOL:**

Before interviewing stakeholders, the working group should pre-test the questionnaire by conducting interviews with 1–3 non-priority stakeholders. A pre-test can help to determine if the questions are understandable, if answers provide the necessary information for the reference table, and if the protocol is appropriate. After the pre-test, modification should be made, if necessary, to finalize the questionnaire and protocol.

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With the necessary tools in place, the working group should conduct interviews, as appropriate, and tabulate information. Key sub-tasks include:

- **COMPILE AND REVIEW EXISTING INFORMATION:** The working group should gather and analyze any written documents or secondary information available on the priority stakeholders. This may include written or spoken statements by the stakeholders, any goals or objectives of the organizations that the stakeholders represent, and data on the quantity or types of resources the stakeholders may have access to.
- **CONDUCT INTERVIEWS:** When limited secondary information exists, interviews can be a valuable way

to gather information about priority stakeholders. Appointments for interviews should be made as far in advance as possible (e.g., 1–2 weeks in advance) and should be respectful of the stakeholders' time and other commitments. Interviewers should follow the protocol agreed upon by the working group, ideally with one individual conducting the questioning and another individual recording notes.

- **TABULATE INFORMATION IN STAKEHOLDER REFERENCE TABLE:** Immediately following the interview, the interview team should tabulate the information in the stakeholder reference table. Answers should be recorded as literally as possible, with minimal summarizing of what the stakeholder was “trying” to say.

Using primary and secondary data collected and information tabulated in the stakeholder reference table, the working group should map the relative power and interest of their priority stakeholder list. This requires a systematic approach to qualitative data analysis. Results of this analysis will be used to establish strategic communication priorities in the action planning process. Specific sub-tasks include:

- **ANALYZE KNOWLEDGE AND POSITION DATA:** The stakeholders' level of knowledge related to the primary UHC objective can be compared using the proposed scale of 1–3. Their knowledge of the primary objective often informs their position—if they support or oppose the intended change. By comparing stakeholders across these two characteristics, the working group can get a relative sense of their “readiness” for change (see Step 6).
- **ANALYZE ALLIANCES:** Possible stakeholder alliances outlined in the stakeholder reference table provide some information about the possible influence of the stakeholder in question. Alliance data can be cross-referenced with power analysis to understand which alliances are potentially most threatening or supportive to achieving the primary objective. Understanding these alliances will be helpful in the communication planning process, especially in identifying potential messengers (Step 7) and planning tactics (Step 8).
- **ANALYZE INTEREST DATA:** The interest data can be used both in conjunction with other analyses and independently for general conclusions. Independently, the interest data will be useful in the message development process (Step 7) of strategic communication planning. Cross-referencing the interest data with other characteristics, especially power, provides useful fodder for prioritizing stakeholders for communication planning.
- **ANALYZE POWER:** Although “power” is not an individual characteristic on the stakeholder reference table, power could be considered: 1) a stakeholder's perceived influence in the reform process in combination with 2) the quantity of resources at their disposal and 3) their ability to mobilize those resources. Because all three of those characteristics are quantified on the stakeholder reference table, the working group should be able to take the average of the three characteristics to calculate a power score. While this is an imprecise measure of power, it provides a systematic way of comparing power across diverse stakeholders.
- **USE POWER AND INTEREST ANALYSIS TO PLOT PRIORITY STAKEHOLDERS:** A power/interest grid (Figure 9) is a simple tool that maps a stakeholder's relative interest level on one axis and their relative power on the other axis. The resulting grid allows working groups

Figure

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Stakeholder Reference Table Template

Tasks 3-4: Stakeholder Reference Table										
1. Name	2. Role, Organization	3. Knowledge	4. Position	5. Interests		6. Alliances	7. Resources		8. Influence	9. Power
		1 = no knowledge 2 = some knowledge 3 = significant knowledge	1 = opposed 2 = neutral 3 = supports	List of potential advantages, disadvantages 1 = little or no interest 2 = some interest 3 = significant interest		Individuals or organizations that collaborate	1 = little or no resources / ability to mobilize 2 = some resources / ability to mobilize 3 = significant resources / ability to mobilize		1 = limited influence 2 = some influence 3 = significant influence	Average of 7a., 7b., and 8
				5a. Description	5b. Level		7a. Quantity	7b. Mobilize		

and communicators to visualize how stakeholders can or should be engaged. As Figure 8 depicts, stakeholders with high interest and power should be considered “key players” who must be fully engaged and closely managed. Conversely, stakeholders with little or no interest and power may be monitored but not prioritized for engagement.

- **USE FINDINGS:** The final responsibility of the working group is to hand over the two main deliverables—1) the completed stakeholder reference table and 2) the completed power/interest grid (Figure 9)—to the



primary communicator for use. The stakeholder analysis information should be used to inform prioritization of individuals and groups whose knowledge, attitudes, and behaviors must change to achieve the primary objective, as well as the messaging approach and communication tactics appropriate to reach those priority individuals and groups.

Use the *Planning Tool* (Phase 2: Step 5, Task 5) to begin action planning by analyzing relevant stakeholders.

Figure

9

Power/Interest Grid

		 <b>INTEREST OF STAKEHOLDER</b>			
		<b>SIGNIFICANT</b>	<b>SOMEWHAT</b>	<b>LITTLE/NO</b>	<b>UNKNOWN</b>
 <b>POWER OF STAKEHOLDER</b>	<b>SIGNIFICANT</b>	<b>A Manage Closely</b>		<b>B Keep Satisfied</b>	
	<b>SOMEWHAT</b>				
	<b>LITTLE/NO</b>	<b>C Keep Informed</b>			
	<b>UNKNOWN</b>			<b>D Monitor (minimum effort)</b>	

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### ADDITIONAL RESOURCES

For more information on stakeholder analysis for UHC and health policy reform:

- » Health Sector Reform Initiative, Policy Toolkit for Strengthening Health Sector Reform, Partners for Health Reform *plus*, 2000
- » Gilson, Erasmus, et al., “Using stakeholder analysis to support moves towards universal coverage: lessons from the SHIELD project.” *Health Policy and Planning*, 27:1, pages i64-i76, 01 March 2012
- » PolicyMaker 4 Software (free, online political analysis tool providing step-by-step guidance to help you conduct a stakeholder analysis)

### QUESTIONS FOR CONSIDERATION

Who is the individual or group of individuals whose knowledge, perceptions, or behavior must change to make your primary objective a reality?

What time and resources do you have available to carry out a stakeholder analysis exercise?

What approach is most appropriate for your context and circumstances?

**COMPLETE  
STEP 5 IN THE  
PLANNING TOOL**



## 6

### STEP 6. PRIORITIZE AUDIENCES

**Using the information outlined in the stakeholder analysis described in Step 5, communicators will identify two distinct target groups for communication: the primary audience and secondary target audiences.**

#### PURPOSE

Identify highest-priority stakeholder(s) required to achieve your primary objective and the relevant target audiences. Diagnose their “readiness” to engage in dialogue and outline their core concerns. This will set you up to think strategically about what messages, tactics, and channels may be most appropriate to reach them.

Stakeholders can be thought of as those who are invested (i.e., hold a “stake”) in the policy reform, thereby influencing and promoting that intended objective. For the purposes of this *Practical Guide* and *Planning Tool*, the terms “stakeholder” and “audience” may be used interchangeably at times, but with the understanding that audiences can be distinguished from stakeholders as both passive and active recipients of information, though they may not include those who are invested. While all stakeholders are part of the audience, not all audiences are stakeholders. Some audiences may be indirect, passive recipients of information—but they may also be influential or important to reach more direct, active audiences and stakeholders. Step 6 provides the step-by-step process to outline priority audiences.

For example, if the primary objective is to increase enrollment in a new social health insurance scheme, the primary audience may be heads of households who are responsible for decision-making. The heads of household are stakeholders who have a vested interest in the primary objective and the ability to influence whether it is achieved. There may be cases in which those heads of household are difficult to reach—either because of their limited exposure

to certain media, illiteracy, or other circumstances—and secondary household members may be important audiences to reach. These secondary household members may not have the power to make decisions, but they may be able to share information with the head of household and influence decision-making.

## Identify Primary Audience

Using the stakeholder power/interest grid developed in Step 5, the next step is to identify the **primary stakeholders whose knowledge, perceptions, or behaviors must change to achieve the policy objective**. They often fall in the “Manage Closely” area of the stakeholder power/interest grid and have both high interest and power related to the primary objective.

Different countries and contexts will be at different stages of UHC—and the primary audience will be different for each context and objective. Some communicators may be focused at the macro level to develop or approve a national health financing strategy, while others may be working at a micro, grassroots level to implement reforms such as increasing enrollment in a health insurance scheme among a specific patient population. At both these stages, **recognizing the primary individual or groups whose knowledge, attitudes, and/or behaviors must change will influence the ultimate**



### QUESTIONS FOR CONSIDERATION

Who is the highest-priority individual or group whose knowledge, perceptions, or behavior must change to make your objective a reality? They are your primary audience.

Where is your primary audience located? What language(s), including technical jargon, do they speak? Is there anything else you need to know about reaching or engaging with them?

**framing of the strategic communication plan.** Ideally, each strategic communication plan will have just one primary audience (individual or group) but there may also be cases in which multiple primary audiences exist. The more focused the audience, the more focused the communication plan will be.

## Identify Secondary Audiences

**Some communicators will be able to directly reach their primary audiences, but often outreach and engagement through secondary target audiences are also required.** Secondary target audiences are the individuals or groups whose knowledge, perceptions, or behaviors may be influential to achieve your primary objective—especially if they have relationships with your primary audience. They may fall in the “Keep Informed” or “Keep Satisfied” area of the stakeholder power/interest grid.



### QUESTIONS FOR CONSIDERATION

Who else do you need to reach (directly or indirectly) to reach your primary stakeholder? They are your secondary target audiences.

## Determine Audience Readiness

Prior to developing key messages, communicators should consider each audience’s “readiness” to act toward the stated primary objective. In other words, **communicators should understand the level of knowledge, level of support or opposition, and interests of each audience to tailor messages and tactics to reach them appropriately.**

To assess audience readiness, refer to the stakeholder reference table developed during Step 5: Stakeholder Analysis. Columns 3, 4, and 5 provide information about stakeholder knowledge, position, and interests that can inform planning.



### QUESTIONS FOR CONSIDERATION

What is the behavior or action that you want audiences to take?

Do the target audiences understand the situation?

Do target audiences perceive the issue as relevant to them?

Do the target audiences initially support or oppose the issue or primary objective?

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**Tasks 3-4: Stakeholder Reference Table**

1. Name	2. Role, Organization	3. Knowledge	4. Position	5. Interests	6. Alliances	7. Resources	8. Influence	9. Power
		<b>1</b> = no knowledge <b>2</b> = some knowledge <b>3</b> = significant knowledge	<b>1</b> = opposed <b>2</b> = neutral <b>3</b> = supports	List of potential advantages, disadvantages <b>1</b> = little or no interest <b>2</b> = some interest <b>3</b> = significant interest	Individuals or organizations that collaborate	<b>1</b> = little or no resources / ability to mobilize <b>2</b> = some resources / ability to mobilize <b>3</b> = significant resources / ability to mobilize	<b>1</b> = limited influence <b>2</b> = some influence <b>3</b> = significant influence	Average of 7a., 7b., and 8
				5a. Description 5b. Level		7a. Quantity 7b. Mobilize		

## SPOTLIGHT ON BANGLADESH TARGETING AUDIENCES



**DUE TO HIGH OUT-OF-POCKET SPENDING, LOW GOVERNMENT SPENDING ON HEALTH, AND POOR BUDGET EXECUTION, THE MINISTRY OF HEALTH AND FAMILY WELFARE (MOHFW) OF BANGLADESH ADOPTED A HEALTH CARE FINANCING STRATEGY STARTING IN 2012 THROUGH 2032 TO EXPAND SOCIAL PROTECTION FOR HEALTH TO GAIN UHC.** This health care financing strategy addresses three major challenges to achieve UHC: 1) inadequate health financing, 2) inequity in health financing and utilization, and 3) inefficient use of existing resources. As UHC aims to ensure access to quality health care services without financial hardship, Bangladesh is trying to provide equitable, affordable, and quality health care by implementing several types of reforms and initiatives aimed to combat the barriers to UHC. One of these critical steps includes awareness and consensus among stakeholders across sectors. Though the government, private sector, and civil society actors each acknowledge the challenges of UHC, each group tends to address these problems on its own without adequate coordination among them. In response, Bangladesh has developed a UHC communication strategy, identifying key activities as a first step to increasing awareness on the significance of UHC, bringing different actors together who have a shared interest in the problem, and engaging them in dialogue and collective learning to increase innovation, decision-making, and action. These activities identified were developed based on a stakeholder mapping exercise, audience analysis, and identifying communication requirements of the specific audiences.

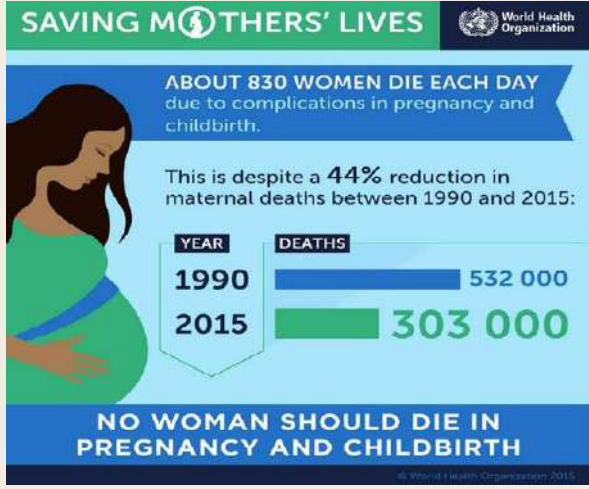


To ensure the commitment of a variety of stakeholders, core messages were tailored for and relevant to each of the different audiences. Identified audiences included: 1) direct and indirect stakeholders of the government, including the MOF, Ministry of Local Government and Rural Development, the Bureau of Statistics, the Prime Minister’s Office, and MOHFW; 2) other related stakeholders, including the National Institute of Preventive and Social Medicine, BD Insurance Association, Insurance Development and Regulatory Authority of Government, Bangladesh Medical Association, Private Hospital Association, Bangladesh Medical and Dental Council, and Private Medical Practitioners Association; and 3) development partners and technical cooperation agencies, such as GIZ, WHO, the World Bank, DFID, USAID, and the EU. The primary communication message aimed at these audiences centered on awareness building, including what UHC entails, why it is needed, and what is needed for its success.



There are three basic stages of readiness: sharing knowledge, building will, and reinforcing action (Spitfire Strategies). The communication examples provided in

Table 7—based on the general topic of maternal and child health—illustrate the different stages of audience readiness around which outreach might be framed.

**Table 7 Stages of Audience Readiness**

STAGE DESCRIPTION	COMMUNICATION EXAMPLE
<p><b>SHARE KNOWLEDGE</b></p> <p>In cases where audiences have relatively low knowledge about an issue but some fundamental interest, it may be important to provide basic information. This can apply to audiences with either supportive or oppositional positions.</p> <p>Usually communication in this category presents <b>one clear fact or example</b>. The example presented here from the World Health Organization (WHO) gives one helpful statistic (303,000 deaths in 2015) about the pregnancy risks that are still prevalent despite a dramatic reduction over the last two decades. The image aligns with the idea of audiences to sensitize them on this topic.</p>	
<p><b>BUILD WILL</b></p> <p>Building will, the second stage, seeks to ease the audience's doubts or overcome barriers to a specific action or reform.</p> <p>If your target audience already has some fundamental knowledge about and interest in the topic but perhaps a neutral or negative position, <b>asking people to make a few concrete changes to their daily lives</b> can enable behavior change without pushing them too far out of their comfort zones.</p> <p>This example from WHO provides messaging about the risks of pregnancy and includes larger changes necessary, including will and commitment, as well as smaller, more concrete changes, including proper nutrition, education, water sanitation, and hygiene.</p>	
<p><b>REINFORCE ACTION</b></p> <p>The third stage, reinforcing action, aims to celebrate those who have acted or are strong supporters.</p> <p>Don't forget to <b>thank people and convey wins</b>, no matter how small. This will sustain momentum and make it much easier to bring people back when you need them.</p> <p>This message on Millennium Development Goal (MDG) 4 highlights the accomplishment of cutting child mortality rates in half since 1990. It reinforces success but also hints at a direction for what's next.</p>	

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# Identify Core Concerns

In addition to understanding audience readiness, understanding audience’s core concerns will provide a valuable starting place for message development. While some groups might be personally invested in a reform issue, others may be uninterested or even opposed. Every individual audience has essential values (things that matter to them). Some will also have existing knowledge, attitudes, or behaviors that pose potential barriers to achieving the primary objective of the strategic communication plan.

Within the *Planning Tool*, communicators should identify both the values and barriers that might arise from each targeted audience group identified at the beginning of the exercise. This will help to better understand what resources each group might offer in support and what barriers may present challenges for outreach and engagement. Key insights may be derived from the stakeholder reference table developed during Step 5: Analyze Stakeholders.

Use the *Planning Tool* (Phase 2: Step 6) to identify your primary and secondary target audiences, their readiness and core concerns.



### QUESTIONS FOR CONSIDERATION

What are existing beliefs or values that you can tap into to engage with each audience?

Are there existing beliefs or values that are in opposition to your stated primary objective? If so, how might you shape your communication plan to overcome those barriers?

COMPLETE  
STEP 6 IN THE  
PLANNING TOOL



## 7

### STEP 7. DEVELOP KEY MESSAGES

**Tailoring messages is essential to reach specific audiences and achieve specific communication goals. The ways in which messages are designed and delivered is a key determinant of the success of the strategic communication plan. Messaging is the powerful tool that can strongly convince the audience about the importance of the specific argument or reform if properly designed and formulated. However, it might also bring the undesirable effect of repelling the audience, thereby stagnating the process. Once the specific objective has been articulated and audiences are prioritized, communicators can begin to develop, test, and hone relevant messages.**

### PURPOSE

Craft messages that resonate with your primary stakeholder and priority audiences, and the messengers most appropriate to convey those messages.

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# Identify Theme

With a communication position established, communicators will start to develop individual messages to reach specific audiences.

The first step to developing a key message is to identify the main theme that resonates for each target audience. As outlined in the *Planning Tool* (Phase 2: Step 6), a theme is a topic of interest that aligns with and reinforces each audience’s core concern.

A variety of resources exist that are useful for UHC messaging, including the World Health Organization’s *WHO Strategic Communications: Framework for Effective Communications*. According to WHO, it is crucial that key messages are understandable to effectively engage with a variety of audiences, many of whom may not be technical experts. When developing the message theme, communicators should consider what the audience’s familiarity with the topic is, what is it that they want your audience to do, and what kind of messaging (e.g., including photos, videos, etc.) would be most effective.

The theme provides the foundation for message development, so getting this component right is crucial. The theme will guide solid messaging that reaches the audience and reinforces their core concerns. For example, if your primary objective is to increase patient enrollment in a new health insurance scheme and your audience’s core concern is high health care costs, your theme might be “investing in your family’s health.” This theme addresses the audience’s concern—the cost of care—and frames that cost as an investment in health and wellbeing. By using this positive frame, the communicator can address and alleviate concerns in a productive way.



## QUESTIONS FOR CONSIDERATION

How familiar is your audience with the topic? Does the audience have prior experience with the specific health issue, or does your communication team need to provide basic information to create awareness?

What is the most important message, that is, what do you want your audience to do? How can you highlight it?

Does your message clearly state the action you want the audience to take?

Can you use photos, illustrations, fonts, logos, or colors that provide visual reinforcement of the main messages?

Are you using language that is familiar to the target audience?





Have you, or can you, test your messages with audience members to ensure the meaning is clear?

*(Adapted from WHO Strategic Communications Framework for Effective Communications, 2017)*

The Universal Health Coverage Day 2017 (December 12, 2017) campaign provided a strong example of how a message theme—in this case, “health as a human right”—shapes subsequent messaging, tactics, and communication activities. UHC Day aims to rally health policymakers, policy implementers, and advocates to speak out and act in support of UHC. In preparation for the global day of action, the UHC Day organizers used their overarching theme as an anchor for subsequent calls to action among target audiences. The overarching theme and subsequent key messages are summarized in Table 8.

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COMMUNICATION EXAMPLE	DESCRIPTION
<p><b>OVERARCHING THEME</b></p> 	<p><b>HEALTH IS A HUMAN RIGHT</b></p> <p>Universal health coverage is a political goal rooted in the human right to health. But no right has ever been guaranteed until people decided to fight for it.</p> <p>Now is the time to rise for our right to #HealthForAll and drive courageous political action in every nation.</p> <p>Here's how you can join the campaign.</p>
<p><b>KEY MESSAGE</b></p>	<div data-bbox="411 770 831 943">  </div> <p><b>DEMAND POLITICAL ACTION</b></p> <p>Hold your local and national leaders accountable for taking clear steps toward #HealthForAll. Make the case that UHC is morally right, economically smart, and urgently needed.</p> <div data-bbox="411 1016 831 1189">  </div> <p><b>RALLY YOUR COMMUNITY</b></p> <p>Illness is universal; quality health care still isn't. Help people understand why UHC is in their—and everyone's—best interests. Create opportunities for marginalized groups, patients, health workers, and citizens to raise their voices together.</p> <div data-bbox="411 1263 831 1435">  </div> <p><b>CELEBRATE CHANGE MAKERS</b></p> <p>The path to #HealthForAll is not easy, but it is worth the struggle. Share sparks of hope in your country and give credit to the people who are driving change. Celebrate organizations and individuals that are making a difference by tagging them in these posts!</p>

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# Develop Messages

Messaging is an essential part of any strategic plan; appropriate messages disseminated to target audiences can change knowledge levels and attitudes, increase agreement on an issue or policy, and increase prioritization of an issue or policy. The primary outcomes from effective messaging might be changes in behavior among target audiences, including public or political will, and ultimately improved policy implementation to achieve the overall UHC goal. Messaging is a uniquely challenging and complex discipline of communication practice; it is an acquired skill that is both a science and an art form. By following some basic rules of message development, the “science,” communicators can start to shape compelling messages but creativity and ingenuity, the “art,” can bring messages to life and generate authentic change.

For the purposes of this *Practical Guide* and *Planning Tool*, a basic Message Box approach (Figure 10) is employed as one method of developing compelling messages. This method includes four elements: value, barrier, ask, and vision.

- **VALUE:** This messaging approach encourages communicators to start by considering what the target audience values, establishing common ground to show that you understand where they are coming from. The audience value should be the driving force for message development.

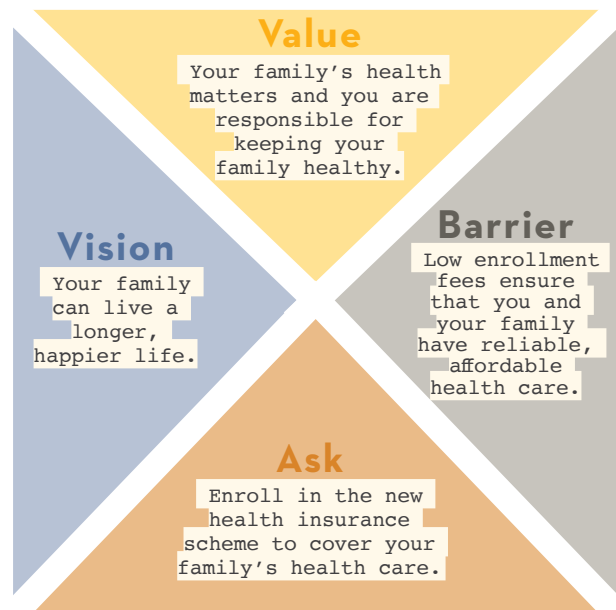
- **BARRIER:** Because a comprehensive stakeholder analysis has been conducted, communicators will also know about potential barriers, and the second part of the message box invites communicators to respond to one or more of those potential barriers with a statement that addresses or overcomes that barrier. The barrier should not be repeated here—that just reinforces it in the audience’s minds—but should present an option they cannot disagree with.
- **ASK:** The third part of the messaging box is the ask; here, the communicator conveys one concrete, actionable step they want the audience to undertake. This should be specific (more than just “support us”) and aligned with the primary objective of the strategic communication plan.
- **VISION:** Finally, the communicator should articulate a vision of what the world will look like if the audience completes the ask. The vision should align with the audience value articulated at the beginning.

An application of the Message Box shows how these four components might look in practice. Let’s consider a UHC-related objective like increasing enrollment in a new social health insurance scheme. If the target stakeholder for this strategic communication plan is an uninsured family with concerns about costs and continuity of care, an example message box might look something like Figure 11.

Figure 10 Message Box



Figure 11 Example Message Box



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The Spitfire Strategies Message Box is not the only way to develop comprehensive, compelling messages but it provides one approach to get started. Step 7 of the *Planning Tool* employs this basic approach to develop foundational messages.

Some fundamental tips to keep in mind for message development include:

- **KEEP THINGS CONCISE:** Ideally there is one—and at most, three—main points to each message. Too many points and overly complex messages will confuse and possibly overwhelm those you are trying to reach.
- **PRE-TEST AND RE-TEST:** You should pre-test messages with representatives from your target audiences to ensure they are effective. If necessary, you may revise and re-test the messages to ensure you are conveying the right information in the right way. Build time for this in your action plan.
- **FOCUS ON ACTION:** Messages should focus on achieving change that supports your priority objective. Supporting data should be used carefully to support a call to action.<sup>8</sup> For example, if the cost of enrollment in a health insurance scheme is a primary concern for your target audience, concise, clear data about the actual and relative costs of enrollment—and the potential cost effectiveness of enrollment in the scheme—may be an important tool to alleviate fears or misconceptions.

Some good resources exist to support communicators to articulate clear and accurate messages about UHC. An example is WHO's *Arguing for Universal Health Coverage*, a handbook outlining evidence-based arguments to support civil society organizations advocating for UHC, with country examples and evidence-based arguments to support civil society organizations to advocate for health funding policies that promote equity, efficiency, and effectiveness. General messages will always need to be adapted to each context and audience.

Use the *Planning Tool* (Phase 2: Step 7) to develop key messages tailored to your primary and secondary target audiences.



#### QUESTIONS FOR CONSIDERATION

What key points do you need to make with each audience to achieve your primary objective?

What behavior or action do you expect the audience to take? What information do they need to adopt that behavior or action?

**COMPLETE  
STEP 7 IN THE  
PLANNING TOOL** →



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8 Adapted from Health Sector Reform Initiative, Policy Toolkit for Strengthening Health Sector Reform, Partners for Health Reformplus, 2000.

# Identify Messengers

Once the messages have been developed, communicators will need to identify trusted messengers who can champion the strategic message. As defined previously, messengers are individuals, groups, or organizations responsible for delivering specific messages to specific audiences to implement a strategic communication plan. Messengers should typically include trusted leaders within the community who are able to set examples for the target audiences. Choosing appropriate messengers is essential for the messages to be trusted and credible to the target audiences. As described in the *Planning Tool*, communicators should ask themselves who will best connect with the audience. Who is the social reference group for the audience on your issue?

Messengers need to be adequately prepared to convey or carry out messaging the target audience(s) in the appropriate ways. This may mean conducting sensitization activities with identified messengers to convince them why their role is important—and what the potential benefits will

be for them. Messages may need to be tailored to the style and language of specific messengers. This should be done while preserving the four key elements of the message box approach.

Use the *Planning Tool* (Phase 2: Step 7) to develop key messages tailored to your priority stakeholder and target audiences and identify appropriate messengers.



### QUESTIONS FOR CONSIDERATION

Who will best connect with the targeted audience?  
Whom do they trust?

COMPLETE  
STEP 7 IN THE  
PLANNING TOOL



## SPOTLIGHT ON GHANA IDENTIFYING MESSENGERS



**RELIGIOUS LEADERS PLAY AN IMPORTANT ROLE IN STRATEGIC COMMUNICATION IN GHANA.** In 2013 in Ghana, the Christian Health Association of Ghana (CHAG) embarked on a campaign to champion mental health services with the newly developed Mental Health Authority (MHA). According to CHAG, approximately 73% of the population in Ghana identify as Christian, with the remaining population identified as either Muslim or traditionalist. As a result, messages that come from religious leaders appeal to a large portion of the population. Consequently, CHAG identified three renowned Christian leaders and the chief Muslim imam in Ghana as messengers to create awareness on mental health. Religious leaders were then used in poster campaigns as well as educational programming on radio and television.

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Just about every public issue, including UHC, faces opposition—if one did not, the issue might already be resolved and there would be no need to fight for your side. When you’re faced with opposition, you must stay clear about your own objectives and key messages, and work to leverage your advantages and minimize those of your opponents.

## Principles of Opposition Messaging

### REMEMBER WHO MATTERS

To succeed in any advocacy or strategic communication effort, **you do not have to convince 100% of people that your side is right.** You might not even need to convince most people. Think about what you are trying to accomplish and who holds the ultimate decision-making authority to make it happen. If the Minister of Finance is your priority stakeholder, focus on bringing him or her to your point of view, rather than trying to convince the entire Finance cabinet.

### HOME FIELD ADVANTAGE

Successful communication happens when you **control the conversation.** In messaging, you want to keep people talking about what you want to talk about rather than what your opposition wants to talk about. If you are trying to implement UHC, keep the conversation about the benefits of UHC rather than the costs or the technical hurdles to overcome.

### EMOTIONAL VERSUS RATIONAL ARGUMENTS

Many of your opposition’s messages are likely to play into fear or use misinformation. **Remember: you cannot refute an emotional argument with a rational one.** You must appeal to your audience’s emotions as well. If your audience is scared, you must give them comfort. If the opposition is saying that people will not be able to see their doctor anymore, do not just refute it with facts and figures. Give them ways to feel assured, perhaps through a messenger they trust.

### DON’T FOCUS ON PROVING THAT YOU’RE RIGHT, AND DON’T REPEAT NEGATIVE INFORMATION

The biggest tool in opposing any issue is distraction.

Opposition often will purposefully misrepresent the truth so that you spend all your time trying to refute their arguments. While you might make good points in rebuttal, you have wasted your time having the conversation they want to have, rather than proactively arguing your own position. **It is especially important that you do not repeat their negative information in your own communication.** Research shows that when people are presented with a fact to correct a misperception, that original misperception is solidified further in their brain if it is a deeply held view. It is important to note that people are more likely to become entrenched in their view if it is already deeply held and they are presented with information that conflicts with this view. On the other hand, if a person does not have a strong feeling or opinion about something and is presented with a fact that contradicts the existing perception, that person is not as likely to reject the new information.

So, if your opposition argues that UHC will bankrupt the government, you should not say, “Some have argued that this plan is very costly, but the reality is that it’s actually quite affordable.” Instead just present your side by saying, “The experience of other countries shows how we can achieve quality universal health coverage while making sure it’s affordable to individuals and the government.”



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## When and How to Employ Opposition Messaging

When you encounter opposition, ask yourself if and how they are having an impact on your priority stakeholder or target audiences. If the opposition is not gaining traction with your targets or the constituencies he or she cares about, it might be best to just monitor what they are saying and not actually address them proactively.

If you do feel like you need to respond, **the first step is to understand the conversation that's happening.** When preparing to go up against your opposition in person, use a grid like this to identify your main message, your opposition's main message, and what they say about you (or your issue). **Keep in mind that your goal is for the conversation to spend as much time as possible in the lower right-hand box—YOUR MAIN MESSAGE.** To get there, you should have ways to pivot from responding to their arguments to your main message, without repeating their negative information.

### PIVOTS

A basic pivot is to say something like “A more useful way to look at it is...” or “That’s not the issue, the issue is...” You avoid addressing the underlying question or assertion and instead **make your strongest point.**

Another level of pivoting is to **find some common ground** and pivot. In this case you might say something like, “Well we do agree that health care needs to be affordable for everyone and that’s why we are advocating...”

There are times when you may be pressed to **address their criticism directly.** In that case, remember the principles of opposition messaging: keep your rebuttal short and always close by reinforcing your main message. For example, you may be pressed on the point that people do not want a national health care scheme to be mandatory. This argument is about people having the freedom to choose. You may want to respond by saying,

THEM ON THEM  
Their Main  
Message

THEM ON YOU  
Their Criticism  
of Your Message

YOU ON THEM  
Your “Pivot”  
in the Debate

YOU ON YOU  
Your Main  
Message

“Our health care system will only work if we’re all in it together. The plans available offer a variety of choices so people can find the right plan for them and their family. What we should never forget is that ensuring access to quality, affordable health care for all of our citizens is what will help grow our economy and make a prosperous life for everyone.” With this answer, you tap into an emotional value (solidarity), overcome fears about freedom (emphasizing a variety of choices), and end on a strong point of your own (universal coverage is good for everyone).

### PRACTICE

**The best way to be prepared to respond to opposition is to practice.** Brainstorm all the arguments your opposition might make. Try role playing with someone else. Always remember that your goal is to have the conversation that you want to have, not the one that your opposition wants to make you have.

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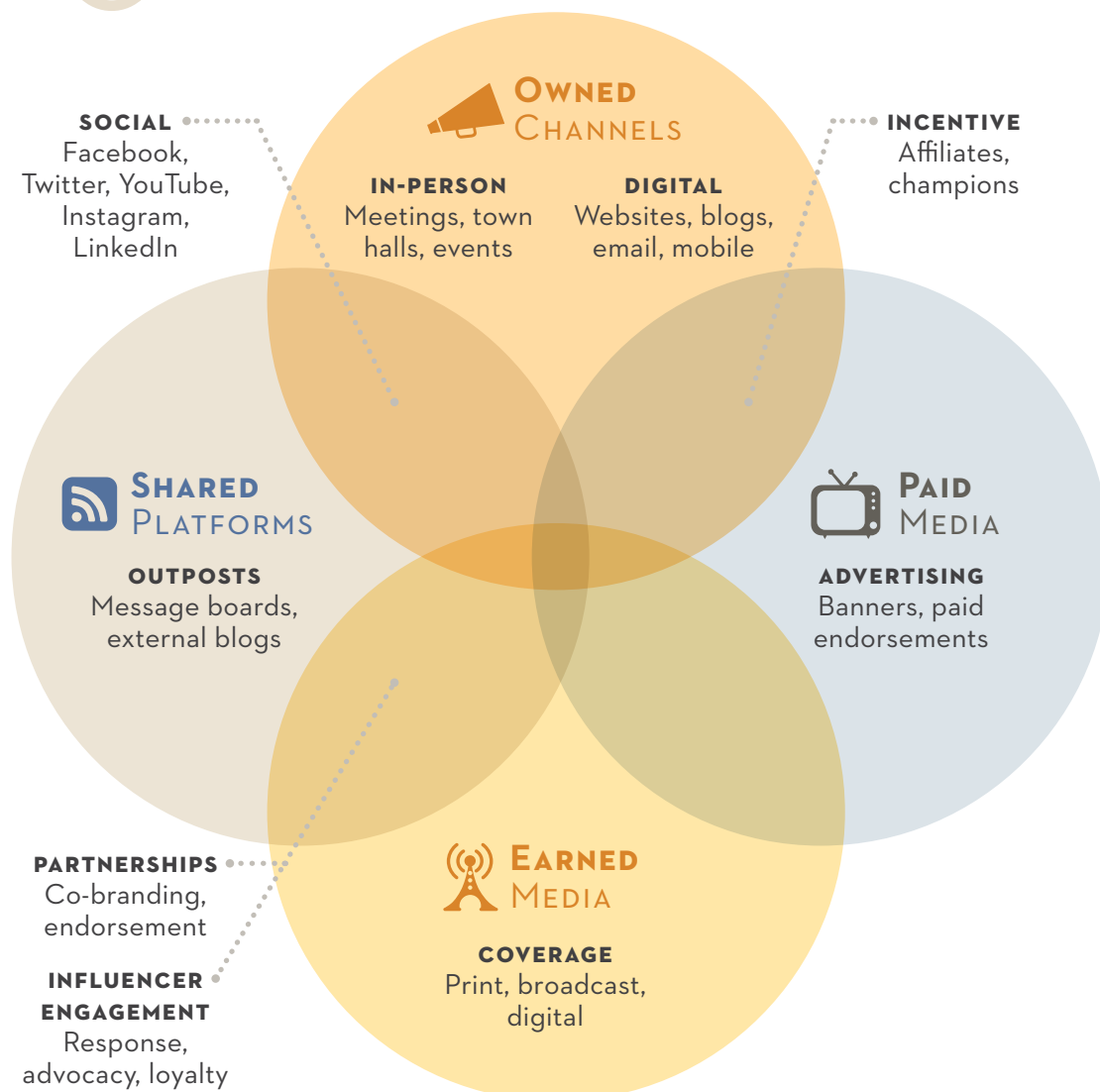
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With a messaging framework in place, it is essential to identify the appropriate channels and tactics to get messages out to the right audiences. Communication channels are typically divided into four essential areas: owned channels, paid media, earned media, and shared platform. (See Figure 12.)

**PURPOSE**

Select channels and tactics most suitable to convey your key messages to the primary stakeholder and priority audiences.

Figure 12 Illustrative Communication Channels



As Figure 12 illustrates, specific channels fall within these four areas and the areas often overlap for hybrid channels (Dietrich).

- **OWNED CHANNELS** include all the platforms, products, and engagement opportunities (e.g., one-on-one meetings) that the communicator owns or controls. Content published or pushed out on owned channels is typically not subject to external manipulation or influence. This might include events (town halls, meetings), digital content (website, blogs, videos, email, or SMS), and print materials (policy briefs, briefing papers, brochures, reports).
- **HYBRID OWNED/PAID CHANNELS** might include paid affiliates or UHC champions. These individuals or groups may receive a stipend, per diem, or other incentive for their communication role.
- **PAID MEDIA** primarily includes advertising and endorsements. This might be print advertisements, billboards, TV and radio commercials, search engine and social media marketing (e.g., Google or Facebook ads or promotions), or other paid endeavors.
- **EARNED MEDIA** might be considered public relations or publicity, including coverage for a specific policy initiative in print, broadcast, or digital media (e.g., international, national, or local news organizations). This is the channel over which the communicator has the least control.
- **SHARED CHANNELS** enable information sharing across different audiences, often online and with little or no moderation. Purely shared channels might include external blogs, message boards or social media channels (e.g., Facebook, Twitter, YouTube, Instagram, LinkedIn) not owned by the communicator.
- **HYBRID SHARED/OWNED CHANNELS** include social media channels (e.g., Facebook, Twitter, YouTube, Instagram, LinkedIn) owned by the communicator or messenger, where the content is curated and moderated by the communicator and consumable by social members of that channel.
- **HYBRID EARNED/SHARED PLATFORMS** include engagement with influencers (in-person or online advocates) and partnerships or endorsements from external entities.

There is no prescriptive set of rules or guidelines about how to select the appropriate channels and tactics to convey messages to target audiences, but some basic considerations include:

- **PREFERENCE:** When selecting channels and tactics to communicate with specific audiences, it is essential to consider their current information consumption preferences and habits. For some audiences, in-person communication may be preferred or essential. For others, online channels and social media may be common places to consume and share information. Some audiences may have access to television and digital media, others may be restricted to radio, print, or SMS. Take these preferences, habits, and circumstances into account.
- **FORMALITY:** Channels and tactics should be selected based on the level of formality appropriate for individual target audiences, and the messenger responsible for reaching them. If the Ministry of Health is proposing a new domestic resource mobilization policy that requires commitment from the Ministry of Finance, the MOH may choose to host a formal policy dialogue event with MOF stakeholders as an initial activity to introduce the topic and initiate engagement. While subsequent tactics may be less formal, communicators must choose the level of formality carefully to convey respect and earn trust.
- **CONNECTIVITY:** Online and digital platforms are redefining the ways that communicators can reach target audiences. Shared channels, including social media platforms like Facebook and Twitter, have become important communication channels for some UHC communicators in settings where connectivity is the norm. Digital and social channels, while useful to amplify messages and expand reach for communication campaigns, can run the risk of being untargeted, informal, and impersonal. The platform choice depends on where to reach the target audience. A social media agency might help target social media posts to very specific audiences with specific preferences. While online and digital platforms should not be discounted, engage wisely online.

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- **FREQUENCY:** The cadence or frequency of communication tactics should be determined based on the primary objective and target audience—including their level of readiness for the messages being conveyed. Especially when building will or encouraging human behavior change, multiple messages across different fora and at varying frequencies may be helpful to ensure messages are understood, heard, and acted upon. That said, there is a fine line between persistence and pestering. Communicators who have conducted a thorough stakeholder analysis will be well equipped to determine the appropriate frequency and duration of communication tactics.

- **FEEDBACK:** For some communication efforts, the two-way exchange of information and ability to receive feedback is crucial. When selecting a communication channel, consider if it enables audiences to respond and engage as intended.

Use the *Planning Tool* (Phase 2: Step 8) to outline the channels and tactics that are most appropriate to reach your target audiences.



## SPOTLIGHT ON MALAYSIA STRATEGIC UTILIZATION OF SOCIAL MEDIA INFLUENCER



**THE MINISTRY OF HEALTH (MOH) IN MALAYSIA USES SOCIAL MEDIA FOR COMMUNICATION CHANNELS QUITE EXTENSIVELY.** This is crucial given the excellent social media penetration and utilization among Malaysians. Analysis by We Are Social and Hootsuite reveals that in 2017, 71% of the population in Malaysia were active social media users, with Malaysia ranking fifth in the social media penetration comparison globally.

In April 2017, the MOH in Malaysia planned to launch the Guideline on Prevention and Managing Violence Against Staff at MOH Facilities. In usual practice, when a guideline is released by the MOH in Malaysia, it will be circulated to health facilities through an MOH circular. However often the guideline will only reach administrative offices, while the front-line staff on the ground may not be aware of the its existence. Therefore, a new approach was used in raising awareness on the issue of violence against health personnel and to inform both public and health personnel about the existence of this guideline.

To strategize for this, the MOH engaged and collaborated with social media influencers from among the social media health practitioners that are affiliated with the MOH in Malaysia. These social media health practitioners include health professionals from diverse backgrounds that actively utilize social media to engage and educate citizens on various health issues. One prominent group is the Medical Mythbusters Malaysia (M3), consisting of 34 health professionals. M3 produced a video titled *The Other Side* featuring their own prominent members who are social media influencers to help raise awareness on the issue of violence against health care workers, at no cost to the MOH in Malaysia. On their Facebook page alone, this video gathered 112,000 views, 3,200 likes and 4,242 shares. This video was also uploaded by their respective members, MOH Malaysia Facebook page (which has 925,850 followers) as well as numerous other pages and social media channels. While it may be impossible to accurately estimate the total reach of this video, it was clear that this video was trending during the launching of the guideline, so much so that the mainstream media, including national news, aired the video during prime time news. This social media-mainstream media “loop” helped to augment the impact of this promotional campaign and successfully send across the intended message to the target groups.

**THE OTHER SIDE:** [www.facebook.com/MedicalMythbustersMalaysia/videos/1345356438888184/](http://www.facebook.com/MedicalMythbustersMalaysia/videos/1345356438888184/)

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# Pre-Test<sup>9</sup>

Before implementation begins, **pre-testing of messages, materials, and tactics is important to ensure communication approaches are tailored to achieve your primary objective.** Pre-testing is the process of bringing together members of the target audiences to react to components of the communication strategy before they are produced in their final form. Pre-testing measures the reaction of a select group of individuals and helps determine if priority audiences will find the approach understandable, believable, and compelling.

**Pre-testing can take anywhere from one to six weeks, depending on depth and rigor**—but an early investment in pre-testing will help communicators avoid risky pitfalls or issues during implementation. **Do NOT skip the pre-testing phase.** Even if limited resources or time constrains conducting a large-scale pre-test, you should conduct a small-scale pre-test because it can offer useful insights. Ultimately, an investment in pre-testing can save money, time, and energy by ensuring the final approach is effective. Pre-testing minimizes the risk of communication being inappropriate, misunderstood, or even rejected.

The basic sub-tasks required to conduct a pre-test include:

- 1. ASSEMBLE A TEAM:** A small, focused team of 2–4 people should develop and execute the pre-test. Ideally, this team will be familiar with the priority audiences and with experience in communication, pre-testing, and/or research.
- 2. ESTABLISH LEARNING OBJECTIVES:** To guide the process, the team should determine a set of objectives for the pre-test. These might include:

- a. Determining whether the messages (language, expression, tone) are appropriate and understandable to target audiences
- b. Establishing whether the content (images, examples, data) is appealing to target audiences (based on their concerns, beliefs, and interests)
- c. Assess if the selected messengers are appropriate to reach target audiences
- d. Identify alternative methods of reaching target audiences

- 3. CHOOSE PRE-TEST METHOD(S):** With these objectives in mind, the team should select a method or set of methods that are most appropriate for pre-testing. Keep in mind that using just one method might limit the assessment. A mixed methods approach (e.g., employing both a survey questionnaire and focus group discussions) is a rigorous way to capture robust information. Potential methods might include:

- a. Survey questionnaire
- b. Individual interviews
- c. Focus group discussions

- 4. PREPARE FOR PRE-TEST:** Planning the pre-test requires selection of a location, date, and timeline, as well as recruitment of participants, identification of facilitators, and preparation of materials like survey tools or interview guides. Pre-testing requires commitment of time, human resources, and financial resources, and these factors should be accounted for in the planning process.

- 5. CONDUCT PRE-TEST:** With a plan in place, the team should conduct the pre-test, keeping in mind the importance of participant consent (verbal or written), recording, and notetaking. On average, pre-testing can take anywhere from one to six weeks, depending on depth and rigor.

9 Adapted from “How to Conduct a Pretest,” The Health COMpass, <https://www.thehealthcompass.org/how-to-guides/how-conduct-pretest>.

**6. ANALYZE FINDINGS AND INTERPRET RESULTS:** Once the information has been gathered, the team should review the data and analyze trends in responses, persistent issues, and fundamental flaws in the design, messages, or tactics.

**7. ADJUST APPROACH AND RE-TEST, AS NEEDED:**

Depending on the results, the communicator should use the information gathered in the pre-test to revise the strategic communication plan accordingly. If messages or tactics are not having the desired effect, revise and re-test, as appropriate.



**QUESTIONS FOR CONSIDERATION**

What is the most trusted information source for the target audience?

In what ways do you already communicate with the target audience?

What level of formality is most appropriate to engage with your target audience?

How (digitally) connected is your target audience?

How often (and for how long) do you need to connect with your target audience to achieve your primary objective?

**SPOTLIGHT ON MALAYSIA**

**HEALTH INFOTAINMENT VIA PUBLIC-PRIVATE PARTNERSHIP**



**SINCE 2014, THE MOH IN MALAYSIA HAS SUCCESSFULLY IMPLEMENTED AN INNOVATIVE HEALTH EDUCATION PROGRAM TO PROVIDE INFORMATION, EDUCATION, AND ENTERTAINMENT TO THOUSANDS OF PATIENTS AND FAMILY MEMBERS WHO VISIT MOH HOSPITALS AND HEALTH CLINICS.** The program, named MedikTV, is an initiative under the Government's Economic Transformation Program (ETP) to increase awareness among the community about health care and healthy lifestyle practices.

This program is a smart partnership between Government and a private company, Medic Media Network Sdn Bhd. All operating and maintenance costs are borne by the company's advertising revenue, which is aired on the channel, making the tactic cost-efficient. MedikTV's main target audience are patients and family members waiting to receive treatment and medicine at select health facilities nationwide. These hospitals and health clinics are selected as they have daily high patient volumes.

The MedikTV program provides educational, entertaining programming to patients and caregivers in waiting areas. A total of 628 large LED televisions are housed in the lobbies, waiting areas, and/or pharmacies of 158 MOH hospitals. The MedikTV program is broadcast over the internet via a centralized control center. The facility staff need not turn on the TV as the video will broadcast automatically during operating hours from 8:00 am to 5:00 pm on weekdays. MedikTV also enables people to interact directly through websites, Facebook, and Twitter.

From the MedikTV's video programs, patients and families receive health information and advice on lifestyle practices such as nutrition, food safety and hygiene, communicable and non-communicable diseases, exercise, smoking cessation, mental health, dental health, and family health. The content is developed jointly by MedikTV and MOH to ensure the accuracy of their messages and reflects the priorities for health education. The program is an innovative, cost-efficient, and effective channel to reach passive and active audiences and influence health-seeking behavior.

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# 9

## STEP 9. ESTABLISH TIMEFRAME

Executing a strategic communication plan requires a clear timeline outlining important dates, deadlines, and events against which to plan resource allocation and measure progress.

For some communicators, this timeline may take the form of a separate editorial calendar or Gantt chart; for others, the communication timeline may be integrated with other programming related to the primary objective. The important thing is to use a timeline to plot out all the inputs and steps required to execute the plan, with some flexibility to address emerging situations or needs.

### PURPOSE

Outline tactics and activities in a measurable timeline against which to benchmark progress.

Step 8 of the *Planning Tool* encourages communicators to outline key dates and deadlines for each of the proposed tactics. While some communication plans may require a phased approach, others may focus on big “pushes” that include many tactics occurring simultaneously. Regardless of the timelines and cadence used, some key considerations include:

- **PRACTICALITY:** You cannot communicate with audiences around the clock, 24 hours per day, seven days a week. There may be natural opportunities—including health awareness days or public forums—when your audience is most likely to be attuned to and act on a certain issue. Examples of natural opportunities might include:
  - » **Universal Health Coverage Day:** UHC Day is commemorated each year on December 12 as the anniversary of the first unanimous UN resolution calling for countries to provide affordable, quality health care to every person, everywhere. This day is a good opportunity for stakeholders to spread awareness and share knowledge of basic UHC principles.
  - » **World Health Day:** Held every year on April 7, World Health Day is a global health awareness day. Although the theme changes every year, this is an opportunity to remind stakeholders of the status of UHC in-country.
  - » **Country-declared events to support care:** For instance, the Forum for the Legislative Network for UHC in Nigeria has historically served as an opportunity to target key stakeholders who are already gathered.
- **TIMELINESS:** Some communication tactics may be proactive—planned and timed far in advance of execution. Some tactics may be reactive—iterative or adaptive based on an evolving operating environment. More often than not, a strategic communication plan includes both.
- **RESPONSIBILITY:** A timeline means nothing if it is not used to hold communicators accountable for progress toward results. Revisit the timeline often and in coordination with key team members and partners.

Use the *Planning Tool* (Phase 2: Step 9) to outline a timeline for each of the proposed communication activities.



### QUESTIONS FOR CONSIDERATION

When will you implement each tactic?

Are there any key dates, deadlines, or other time-sensitive factors to consider?

COMPLETE  
STEP 9 IN THE  
PLANNING TOOL →



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# 10

## STEP 10. IDENTIFY ASSIGNMENTS AND RESOURCES

**With a timeline in place, it is crucial to assign roles and allocate resources necessary for planning, pre-testing, and implementation.**

For each tactic, communicators should state the individual responsible for carrying out the activity and any supporting human resources. Naming individuals responsible for executing the strategic communication plan will establish ownership and accountability. Relatedly, communicators should state any other human, financial, physical, or technological resources required to implement each tactic. Key considerations may include consultant services or procurement, meeting materials, paid advertising, media training for messengers, social media accounts, website development, or even staff salaries and/or overtime pay.

Since communication teams often operate under resource constraints, it may be essential to partner with other teams or agencies to execute specific activities in a proposed plan or to re-evaluate timelines based on the human capacity and resources required for implementation.

Use the *Planning Tool* (Phase 2: Step 10) to outline assignments and resources for the communication tactics.

### PURPOSE

Map responsible parties and appropriate resources to proposed tactics and activities.



### QUESTIONS FOR CONSIDERATION

Who is responsible for implementing each activity noted in the timeline? Who will support and how?

What other human, financial, and/or physical resources are required to implement each tactic? Consider consultant services, meeting materials, printing, advertising, etc.

**COMPLETE  
STEP 10 IN THE  
PLANNING TOOL** →



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**Monitoring and evaluation of communication efforts is essential to ensure that the right information is reaching the right stakeholders at the right times to achieve the primary objective and make progress toward the UHC**

**goal. The M&E plan should be developed prior to implementation of the communication strategy so that the strategy can be responsive to emerging information.**

#### PURPOSE

Create plan to measure status of activities, execution of outputs, and progress toward intended outcomes and the UHC goal.

The M&E design should be based on the intended changes of the strategy—the primary objective. Therefore, it is essential for the communicator to do a better job describing a SMART primary objective. This, in effect, will allow the progress of the campaign to be measured more accurately and precisely throughout the process. The initial definition of that primary objective will guide every step of M&E. An objective of changing individual behavior may require M&E that assesses individual behavior over time. A policy objective of passing specific legislation will require a means to determine if (and perhaps how) the legislation (or part of legislation) became law. An objective of mobilizing support for a systemic change will require measurements related to sentiment and mobilization.<sup>10</sup>

Communication M&E is not a prescriptive process and no two M&E plans will be the same, but there are some basic

principles and components that can help ground M&E efforts. These include:

## Develop Outputs

The first step to developing an M&E plan is to determine the outputs from your communication activities. Outputs are the tangible, immediate, and intended product or consequence of an activity. Examples of outputs include events held, articles published, social media views, or another measurable or observable variable. Once outputs

have been identified, communicators should identify a series of output targets, which include what you hope to accomplish within each tactic or activity. For example, if you are holding a series of town hall meetings, a target may be to hold one town hall meeting per month over a six-month period for a total of six town halls.

## Develop Outcomes

Once the plan for measuring programmatic outputs has been developed, communicators can walk through the same process for outcomes. Outcomes are the results or effects caused by or attributable to the communication plan being assessed, and can have intermediate, medium-term, and/or

longer-term effects. Communicators must then determine outcome targets, or the changes expected; indicators, or the factors/variables that provide evidence of change; methods for measurement; and frequency.

<sup>10</sup> Adapted from O'Sullivan, et al., A Field Guide to Designing a Health Communication Strategy, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003.

## OUTPUTS VS. OUTCOMES

Outputs tell the story of what you produced or delivered. Outputs are tangible, immediate, and intended products or consequences of an activity. Outcomes are the results or effects caused by or attributable to the project or program being assessed. They are often immediate or mid-term effects.

Using the town hall meetings as an example, let us assume that the purpose of the town hall meetings was to educate civil society groups about a new health insurance scheme and to mobilize patients to enroll. The intended outcomes of those activities might be: 1) civil society groups are knowledgeable about and supportive of the new health insurance scheme, 2) civil society groups share knowledge about the new health insurance scheme with broader community, and 3) patient enrollment rates increase.

## IDENTIFY INDICATORS

For both outputs and outcomes, indicators are qualitative or quantitative variables that can be used to measure any change or attribute. For each indicator, a means of measurement and frequency of measurement should also be determined.

Continuing with the town hall example, the communicator may believe it's important to measure not just how many town halls or events were hosted but also how many people

attended the town hall, how many organizations were represented, how many people spoke up or asked questions, etc. These numbers may provide useful output indicators and the data could be collected through sign-in sheets, town hall notes, or recordings.

Going beyond outputs, it may be useful to measure changes in outcomes as well, including changes in knowledge, attitudes, and behaviors. To assess changes in knowledge or attitudes among civil society groups who attended the workshops, the communicator may issue short pre-test and post-test surveys among participants. If time allows, they may do follow-up interviews with specific individuals or groups. If they want to measure whether representatives of the civil society groups shared information with broader community members after the town hall, the communicator may observe community meetings or conduct focus group discussions with community members. To determine if patient behaviors and enrollment rates have changed, the communicator may also look at the insurance scheme or facility registers. This combination of quantitative and qualitative outcome indicators can help provide a picture of the changes driven by the strategic communication activities.

Once an M&E plan is developed, evaluations can then be conducted at any point in the process of strategic communication planning and implementation. This might be a formative (baseline) evaluation before project implementation, mid-point assessments to determine project progress, or summative evaluation at the end of a project to compare with baseline measures. Continuous monitoring or rapid evaluation and learning can also be beneficial to more identify and address implementation issues in real time. Depending on the communication tactics pursued, this continuous monitoring may take the form of monthly web analytics, post-event surveys, and/or informal dialogue with key stakeholders. Regardless of the approach, a robust M&E plan ensures that regular monitoring and evaluation take place. Additional considerations for continuous learning and adaptation are described below in Phase 3.

Use the *Planning Tool* (Phase 2: Step 11) to describe an M&E plan that allows you to measure progress toward your primary objective.



## QUESTIONS FOR CONSIDERATION

What does success look like for this strategic communication effort?

How will you measure progress toward your primary objective?

What indicators will you use to measure progress?  
What methods will you use to measure those indicators?  
And how often will measurement take place?

Were communication activities completed in the allotted time?

Were the required numbers and types of communication materials or products developed? (i.e., number of emails sent, number of events hosted, number of articles published, etc.)

What changes, if any, have occurred in stakeholder knowledge, attitudes, and/or behaviors?

What progress, if any, was made toward the primary objective?

What progress, if any, was made toward the UHC goal?

**COMPLETE  
STEP 10 IN THE  
PLANNING TOOL** →



## SPOTLIGHT ON MALAYSIA

### MONITORING AND EVALUATION OF ANTI-E-CIGARETTE (VAPE) CAMPAIGN



#### THE ANTI-E-CIGARETTE (VAPE) CAMPAIGN DEVELOPED BY MALAYSIA'S MOH SUCCESSFULLY CURTAILED THE USE OF E-CIGARETTES IN MALAYSIA.

E-cigarettes emerged as a major health concern in the middle of 2015 as many perceived e-cigarettes to be less dangerous than tobacco cigarettes and a potential alternative method to help quit smoking. Various strategies were used to implement the campaign including face-to-face communication involving NGOs, key leaders, and community volunteers, as well as printed and electronic media. The objectives of the campaign were to increase awareness on the danger of e-cigarettes among the public, to correct the misconception of e-cigarettes as a proven alternative method to quit smoking (tobacco), and to gain support from stakeholders and the community to further combat the use of e-cigarettes.

A monitoring and evaluation plan was developed and tracked during and after the campaign using both process and impact indicators. The process indicators included: the number of posts, likes, comments, and shares by social media users; the number of interview sessions; the number of forums and seminars organized; the number of articles published; the number of attendance for each program held; the number of health education materials produced and disseminated; the number of community volunteers trained; and the number of awareness/advice sessions carried out. Impact indicators monitored included prevalence of e-cigarettes, level of awareness on the danger of e-cigarettes, levels of perceptions, community sentiment, and support from the community and NGOs to combat the use of e-cigarettes. Using these indicators, the effectiveness of the campaign has been evaluated through changes in perception, awareness, and attitude, as well as behavior among the campaign target groups and the community.

One strategy used to track the campaign included a Tobacco and E-Cigarette Survey among Malaysian Adolescents (TECMA) in 2016 using nearly 15,000 primary and secondary students to assess the level of awareness and perception of e-cigarette usage in Malaysia. TECMA 2016 found that 58.9% of the respondents were aware of the dangers of e-cigarettes from posters and pamphlets, while 41.1% of respondents believed that e-cigarettes and tobacco cigarettes are equally harmful.

The overall results from monitoring and evaluation of the e-cigarette campaign illustrates that the campaign changed community perceptions, increased awareness, and led to the changed behavior of the community to combat the use of e-cigarettes. Moreover, three states in Malaysia eventually banned the sale of e-cigarettes, while 20 public universities banned the use of e-cigarettes on their campuses. The MOH anti-vape campaign contributed to an increase of enforcement activities by the government, which further reduced the sale of e-cigarettes.

#### ADDITIONAL RESOURCES

For more information on developing an M&E plan, please find the following resources for reference:

- » *WHO Strategic Communications Framework for Effective Communications*, World Health Organization, 2017
- » *Policy Toolkit for Strengthening Health Sector Reform*, Latin America and Caribbean Regional Health Sector Reform Initiative, 2000
- » *Are We There Yet? A Communications Evaluation Guide*, Lumina Foundation, 2008
- » *A Field Guide to Designing a Health Communication Strategy*, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2015



**Before implementing a strategic communication plan, conducting a “reality check” can be a helpful way to assess if a plan is set up for success. The self-assessment checklist can be found in the *Planning Tool* (Phase 2: Step 2) and includes the following:**

- Is the strategy realistic?
- Is there sufficient institutional capacity to execute the strategic communication plan?
- Are your resources in line with your strategy? Does your Communication Scan (Step 3) support the decisions you’ve made?
- Are you motivating the right people to take the right actions at the right time? Are target behavior changes feasible for the target audience within the stated timeframe?
- Are your choices consistent and logical? (Tip: Try testing your decisions backwards—i.e., by accomplishing these tactics using these messengers, we will deliver these messages, support this theme, tap into these values, move this target audience, etc. Does the logic work as well in reverse as it did when you worked through the chart? If not, go back and address trouble spots.)
- Will the communication tactics move you toward your policy objective? What other activities need to happen simultaneously? For example, you may need to ensure that health services guaranteed by a new UHC policy are operationalized and accessible before initiating strategic communication.
- Will the communication tactics reach the appropriate audience(s)? Are you using persuasive practices, including respecting stakeholders’ lifestyles, aspirations, and social norms?
- Is there buy-in from your organization to implement the plan? Have you identified who in the organization will be using the messages?
- Are there other objectives for which you need to develop separate, complementary communication plans?
- Are there any assumptions or guesses built into the plan that require further research to confirm or correct?
- Can you measure progress?

#### PURPOSE

Pause before implementation to reflect and ask questions that may strengthen your overall strategic communication plan.

If your answers to these questions make you uncertain about the feasibility of your strategic communication plan, go back and work through your choices again. And remember, you may have other objectives you need to develop plans for separately to ensure you are taking a comprehensive approach to meet your overall goals.

## PHASE 3.



# IMPLEMENT AND ADAPT

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Once communicators have finished filling out the *Planning Tool* and developed a comprehensive strategic communication plan, it is time for implementation and active monitoring of messaging. Continuous learning and adapting is necessary to promote a defined structure and advocacy that is contextually relevant to target populations. This section provides a comprehensive overview of things to keep in mind when implementing communication plans, measuring progress, and capturing feedback to learn and adapt. During this phase, communicators should use their M&E plan to track progress and adapt as needed. Please refer to Step 11 to develop an M&E plan.

### PURPOSE

Use your completed *Planning Tool* to implement and monitor communication strategy, actively learn from what's happening, and adapt (as needed) based on the evolving operating environment.

## Continuous Learning

Continuous learning requires active monitoring of the communication strategy. Through activity monitoring, communicators can learn best practices and tactics that are effective and try out new ones and assess them over time.

According to the Health Sector Reform Initiative, monitoring is the process of routinely gathering information on all aspects of a project and using the information to manage decision-making regarding your strategy.<sup>11</sup> Ideally, a baseline assessment should be done prior to implementing the communication strategy to identify how well a communication unit is performing. The baseline assessment should use the same method of measurement that will be used later by communicators to determine if

the strategic communication plan has reached the intended objective. However, it is possible that communicators are already in the early or middle stages of a communication plan before collecting baseline information. In this scenario, communicators can establish a retroactive baseline to measure progress and performance.

Ultimately, monitoring and evaluation should be embedded into strategic communication from the very start of the planning phases (see Step 11 in the *Planning Tool* for developing an M&E plan) through the implementation and adaptation to ensure that progress is systematically tracked.

11 Health Sector Reform Initiative, Policy Toolkit for Strengthening Health Sector Reform, Partners for Health Reform<sup>plus</sup>, 2000.

## Adaptive Measures

Adapting refers to intentionally or systematically using relevant knowledge and data to inform decision-making. In the context of communication, key elements of the strategy (audience targeting, positioning, messaging, messengers, tactics, timelines, etc.) may be adjusted to experiment with new ways of working, scrapping ideas that simply are not working, or scaling approaches that have demonstrated value.

Less formal adaptive measures can also be implemented to track communication results. For instance, communicators should continuously monitor emerging trends and issues among target audience groups through both formal and informal channels including various media sources, blogs, and print. Additionally, communicators should closely track the indicators laid out in Step 11 to track progress in a consistent manner. Ultimately, it is crucial that active monitoring of communication strategies leads to adaptive learning. Communicators should allow enough flexibility when planning to allow adaption and various iterations moving forward.

Communicators should consider implementing “pause and reflect” meetings and workshops or “pulse checks” at regular intervals to make sure that the right channels are being used to reach the right audiences with the right message. These types of reflection activities might include:

- **MONTHLY TEAM MEETINGS:** Create a standing agenda item on an existing team meeting to reflect on learnings from ongoing communication efforts. This can be a productive way to keep non-communicators informed about the progress made in communication, to share results from monitoring data, and brainstorm about next steps.
- **WORKING GROUP MEETINGS:** Convene a communication-focused working group—this might include some or all of the individuals who made up the working group for stakeholder analysis in Step 5—to review monitoring data, identify successes and challenges, and discuss ways to improve strategic communication efforts.
- **AFTER-ACTION REVIEW (AAR):** A USAID-driven approach, AAR is an assessment conducted after a major activity that allows the activity team and leaders to discuss and learn from what happened and why, reassess direction, and review both successes and challenges. The AAR will seek to answer five key questions: 1) what was supposed to happen, 2) what was the reality, 3) what went well, 4) what did not go well, and 5) what should be changed for ongoing/future efforts. A successful AAR will result in reflection, learning, and recommendations for future improvement.<sup>12</sup>

Adaptive measures ensure that communication planning is responsive to the progress and feedback that is being actively monitored.

## Staying on Strategy

There may be times that other stakeholders might introduce communication opportunities that may sound like a good idea but are not geared toward the audience you have identified as key contributors to the achievement of your strategic/policy objectives. These opportunities should be checked against your communication strategy to ensure that they align with the objectives identified in Phase 2 of the *Planning Tool*. Several tips to staying on strategy are outlined below:

1. Design a process for internal engagement and alignment around your strategy.
  - a. Consider building support for the strategy through internal stakeholders and key partners in your process of implementing the plan.
  - b. Building internal coalitions is a powerful tool to push strategy forward internally and amass public support.

12 Adapted from USAID Knowledge-Driven Microenterprise Development Project, After-Action Review (AAR) Guidance, USAID, 2012.

2. Build a process for regularly assessing progress against the strategy.
  - a. This process should also include reporting on milestones and should be built into the day-to-day practice so that you can act on findings and calibrate your strategic direction in real time.
  - b. Note that milestones are different than measures. Milestones are checkpoints that enable you to assess progress toward results. Ideally, milestones represent timebound results for both outputs and outcomes of a communication plan.
3. Integrate the communication strategy into regular operations.
  - a. Integrating communication strategy into regularly scheduled and ad hoc meetings ensures that it is consistently revisited and adapted regularly.

Measuring progress and capturing feedback allows communicators to develop more effective messages, allocate resources more strategically, and better engage with primary stakeholders and target audiences. As shown in Figure 2, active learning and adaptation should be a continuous cycle between Phases 2 and 3 as messages, messengers, activities, timelines, resource allocations, etc., are continuously refined.

#### ADDITIONAL RESOURCES

For more information on implementation and adaptive learning, please find the following resource for reference:

- » USAID Knowledge-Driven Microenterprise Development Project, After-Action Review (AAR) Guidance, USAID, 2012.

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**AS COUNTRIES ACROSS THE WORLD STRIVE TO ACHIEVE UNIVERSAL HEALTH COVERAGE, POLICYMAKERS, STAKEHOLDERS, AND DEVELOPMENT PARTNERS IN NIGERIA ARE MAKING EFFORTS TO ENSURE THAT NIGERIA IS NOT LEFT BEHIND.** These efforts include effective monitoring of progress in the health sector, developing and implementing health insurance policies, and developing strategic communication for UHC. Effective progress monitoring ensures policy and decision makers are constantly in touch with current realities and it helps set the course for future objectives.

The importance of active learning and adaptation in strategic communication for UHC cannot be overemphasized as policymakers, citizens, and stakeholders need to be constantly trained due to the need for constant capacity building and engagement. This capacity building and training is necessary to promote a defined structure and advocacy that is contextually relevant to target populations.

In Nigeria, the USAID-funded Health Finance and Governance project recognized the critical role of learning and adaptation with regard to strategic communication for UHC and conducted series of media and communication training workshops, advocacies and collaboration for select journalists and media executives in Cross River, Osun, Bauchi, Sokoto, and Rivers states. The workshops mainly focused on building their capacity and addressing knowledge gaps to deepen the understanding of journalists and media professionals on the basics of health financing and the strategic role the media plays in promoting the benefits of health insurance. This acquired knowledge is expected to improve reportage of the State Social Health Insurance Scheme (SSHIS).

In Cross River State, 45 journalists from the community, local government, and state levels, including representatives from Nigerian Television Authority (NTA) Calabar, Sun Newspaper, Cross River Broadcasting Cooperation (CRBC), and African Independent Television (AIT), were trained.

Prior to the training, a pre-test was conducted which revealed that some of the journalists did not have adequate knowledge on UHC. However, the participants were enthusiastic and expressed their willingness to work with the government in promoting UHC through constant advocacy on their various media platforms.

To sustain and monitor the progress and gains from the workshop, the participants created a WhatsApp group for journalists and included commissioners from the Ministry of Health, Ministry of Information, and private and public media. This WhatsApp group is serving as a platform for constant engagement and collaboration between government and the media as well as a learning and reporting forum on the state's health financing and Health Insurance Scheme. Coordinated by the Cross River State Commissioner for Information and the Permanent Secretary, Ministry of Information, the WhatsApp group has contributed immensely to improved UHC-related media activities in the state targeted at promoting the benefits of the SSHIS.

The WhatsApp platform has proved successful, as UHC has been a major topic of discussion in the political arena—especially the mobilization of resources to sustain the state government in providing a health insurance program that aims to reduce the financial burden on people seeking health care.

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## CONCLUSION

**The path to UHC requires complex policy change, systems change, and human behavior change—and strategic communication is an essential tool to realize those changes. No matter the context, policy champions must engage with diverse stakeholders including policymakers, purchasers, providers, and patients. Strategic communication is crucial for information sharing, dialogue and debate, and/or collective learning to ultimately make decisions or influence human behaviors.**

This *Practical Guide* and the accompanying *Planning Tool* provide policy champions with actionable instructions to design strategic communication plans that support specific UHC objectives. Because of the complexity of UHC and the multiple objectives involved in progress toward UHC, multiple strategic communication plans will be necessary to create a comprehensive UHC campaign.

Designing and implementing strategic communication for UHC can be a challenging undertaking in evolving policy environments. Doing so requires dedicated resources and time. Although there is no single, prescriptive way to undertake effective strategic communication, the proposed three-phase approach (Phase 1: Identify Communication Priorities, Phase 2: Develop Action Plan, Phase 3:

Implement and Adapt) provides an organized method to conceptualize the many components involved. Policy champions should tailor approaches to meet individual needs, continuously monitoring, learning, and revising strategies to address emerging issues.

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## ANNEX: SAMPLE STAKEHOLDER INTERVIEW QUESTIONNAIRE

Date: \_\_/\_\_/\_\_\_\_

Respondent: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Location: \_\_\_\_\_

### Introduction

We are from (organization name) and we are conducting a study on behalf of (sponsor name if appropriate) to explore the opinions of several important actors who are interested in progress toward universal health coverage, and specifically the objective of (primary objective). You and your organization are important actors in the health sector, so your opinion is crucial to us. We plan to conduct about 10–15 interviews to produce a general report on the opinions of the major health sector actors. The information obtained through these interviews will be for the direct use of the consultants on the analysis team, and will be presented in a general report to (insert organization for whom report is done if appropriate) without identifying individual opinions. We would now like to ask you a few specific questions about your opinion regarding the implementation of (specific policy) of the MOH.

### Your Opinion:

1. Have you heard of the Ministry of Health (specific policy)?
2. If so, how did you hear of it?
3. What do you understand the policy to mean?
4. What are the potential benefits to you and your organization of the policy?
5. What are the potential disadvantages to you and your organization of the policy?
6. Which of these categories best describes your opinion on the policy? *(Read the options and circle the answer given.)*
  - a. I strongly support it
  - b. I somewhat support it
  - c. I do not support or oppose it
  - d. I somewhat oppose it
  - e. I strongly oppose it

*If stakeholder answers a, b, or c, continue below. If stakeholder answers d or e, advance to question #10.*

**For those who answered “a,” “b,” or “c” to question #6:**

7. Which aspects of the policy do you support?
8. For those aspects that you do support,
  - a. In what manner would you demonstrate this support?
  - b. Would you take the initiative in supporting the policy, or would you wait for others to do so?
  - c. Do you have financial or human resources available to support this policy?
  - d. Which resources are available and how quickly can they be mobilized?
  - e. Would this support be public?
  - f. What conditions would have to exist for you to express this support?
  - g. Would you ally with any other persons or organizations in these actions? Which persons/organizations?
9. Under what conditions would you choose NOT to support the policy?

**For those who answered “d” or “e” to question #6:**

10. Which of the following aspects of the policy do you oppose?  
*(Customize policy response options based on the policy or topic being discussed)*
11. For those aspects that you oppose:
  - a. In what manner would you demonstrate this opposition?
  - b. Would you take the initiative in opposing the policy, or would you wait for others to do so?
  - c. Do you have financial or human resources available to support this policy?
  - d. Which resources are available and how quickly can they be mobilized?
  - e. Would this opposition be public?
  - f. What conditions would have to exist for you to express this opposition?
  - g. Would you ally with any other persons or organizations in these actions? Which persons/organizations?
12. Under what conditions would you come to support the policy?

We would now like to ask you a few specific questions about your opinion regarding others’ opinions of the implementation of the policy.

**OTHER SUPPORTERS:**

13. What other organizations, departments within an organization, or persons do you think would support the policy?  
*(Probe for MOH and non-MOH stakeholders)*
14. What do you think these supporters would gain from the policy?
15. Which of these supporters would take the initiative to actively support the policy?

**OTHER OPPONENTS:**

16. What other organizations, departments within an organization, or persons do you think would oppose the policy?  
*(Probe for MOH and non-MOH stakeholders)*
17. What do you think these opponents would gain from preventing the policy from moving forward?





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