

Better Medicines for Children Communications Quick Planning Guide



make medicines **child size**

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1. Purpose of the document

This document has been developed to support countries in developing communications to further reduce neonatal and child health and mortality through better access to and use of safe and effective medicines for children. The guide is presented to facilitate planning and stimulate thought on the communications planning process and should be adapted to particular situations.

The document outlines basic elements to consider in a communications plan and presents an example of a strategy that was developed for the Better Medicines for Children project in Ghana in March 2012.

Major causes of death in children could be prevented or treated with access to simple and affordable medicines. Medicines for children need to be:

- *Manufactured according to quality standards*
- *Licensed for use by regulatory authorities*
- *On National Essential Medicines lists*
- *Part of national standard treatment guidelines*
- *Procured from the supplier of a quality product*
- *In the supply chain*
- *Prescribed by health care professionals who know how to use them*
- *Used by caregivers and accepted by children*

2. Introduction

Communications can be used to not only to support programme objectives, but also as a means to achieve the objectives. Targeted, well-planned and executed communications can impact public health by affecting health knowledge, beliefs and attitudes, as well as behaviors.

Poor knowledge of what is appropriate for children, lack of experience with appropriate dosage forms, and cultural attitudes and behaviours negatively impact access to and use of medicines for children.

3. Defining a communications strategy

Strategic planning is essential for effective communication programmes and generally involves some variation on the following:

- Identification of the health problem
- Statement of the programme goal and objectives
- An analysis of the context
- A review of the feasibility of achieving the objective through communications
- Definition of the target audience
- Development and testing of messages and identification of the communication channels.
- Planning of implementation (budgeting, timelines and responsibilities)
- Implementation
- Assessment

3.1. The problem statement

The problem statement sets the scene and outlines the overriding challenge.

Problem statements can include information on child mortality and challenges for access to medicines for children.

3.2. The programme goal

This is the programmatic goal as defined by the project.

The overall goal for the Better Medicines for Children project is to increase access to and improve use of medicines for children.

3.3. Objectives

Well defined objectives are key to the success of any communications strategy. The more precise and specific the objective, the better for developing and delivering messages and measuring progress. The objectives should support the programme goal and state what you want to achieve.

3.4. Refining objectives

Once objectives are set, ideally no more than 3, they should be further evaluated to ensure that they are strong and focused on getting people to take action. One way to evaluate the objectives is to check to see if they are specific, measurable, achievable, realistic and time bound (SMART).

Example of a vague objective:

Raise awareness about the need for medicines for children.

Example of a SMART objective: *Quadruple the number of children with pneumonia who receive amoxicillin dispersible tablets instead of amoxicillin syrup for treatment of pneumonia in [capital city], over the next 12 months.*

3.5. Defining the target audience

The target audience can be defined as those people who can make the objective a reality by taking a specific action or changing a specific behavior. In the SMART objective example above, the key people to reach may be caregivers, health care professionals and drugs and therapeutic committees. The audience can be further defined and segmented as necessary. For example rather than caregivers, the key decision maker could be mothers.

3.6. Context analysis

Exploring the context further with regards to the objective will reveal if there are there any factors preventing the objective from being reached or if there are there issues that cannot be resolved through communications. It may show that objectives need to be redefined.

Elements to consider in a context analysis are: knowledge levels, attitudes, perception of risk, and current behaviours. A SWOT (strengths, weaknesses, opportunities and threats) analysis is also useful to identify programme assets and challenges that may impact the outreach and to identify what is already happening outside of the organization that may have an impact on the objective such as the timing of events, activities of other organizations, and/or obstacles.

Of particular importance is to also review what others are doing in the context. This will help to identify synergies and potential collaborations with local partners, the Ministry of Health, non-governmental organizations and the private sector.

3.7. Developing messages

The messages are the key points to be made with each target audience. One way to classify messages to be used in behavioral change communications is by those that:

- Ask an audience to take a specific action;
- Address needs;
- Address barriers: and
- Link the action to a desired outcome.

The best messages are those which are clear and concise. The main message should always be presented first, followed by supporting information.

3.7.1. The ask message

This is the message that requests a specific target group to take a specific action. It answers who is expected to do what, when and where.

Example: *If your child is prescribed amoxicillin syrup for the treatment of pneumonia, ask for amoxicillin dispersible tablets instead.*

3.7.2. *The value message*

This is where you connect with your audience and tap into a specific value. In the case of mothers, the value very likely will be a healthy child. In the case of health care professionals it may be professional status. The value message gets them to agree.

Example: *You will do everything that you can to ensure your child's survival.*

3.7.3. *The barrier message*

A message that overcomes the barrier, counters the audience's main misperception about the issue. It is important not to repeat the misconception but rather provide new or unexpected information to overcome the barrier and buy into the message.

Example barrier: *There is a perception that children like syrups better than dispersible tablets.*

Example message: *Dispersible tablets look and taste just like a syrup when dissolved in a liquid, but they are better than the syrup because you don't need to refrigerate them and they are less*

3.7.4. *The vision message*

The vision repeats the value message and also says: if you do what we ask you to do, then you get what you want.

Example: *Give your baby a good chance for a healthy life by giving amoxicillin dispersible tablets for pneumonia.*

3.8. Supporting messages

Facts and statistics appropriate to the audience, which can be used to support the messages, should be gathered. The type of information provided will depend on what the audience already knows about the issue. Experts or champions that can support the message can be identified.

Examples:
More mothers are choosing dispersible tablets.
Dispersible tablets costs less than syrups.

3.9. Developing a plan

Most communications plans will deliver messages through a mix of the following channels:

1. Mobilization of the government or administration through targeted advocacy
2. Community mobilization
3. Advertising, promotion, or incentives
4. Personal communication or interpersonal selling
5. Point of service promotion such as at hospitals or pharmacies

Using multiple channels increases impact as more people in different environments can be reached with more frequency. Choosing the best mix will depend on how wide the message needs to be spread, how often it needs to be reinforced and the resources available for implementation.

For each channel of communication the specific activities should be detailed, the timing outlined, and resources and responsibilities should be detailed.

An example of an approach to determine time, budget and staffing needs is as follows:

1. List all of the activities associated with the communication channel.
2. Under each activity, detail the consecutive steps
3. Estimate the budget estimate for each step
4. Assign a staffing responsibility (or partnership collaboration) for each step
5. Assign a date for each step in the activity

4. Evaluating the plan

Evaluation can play a key role in a communication strategy because it enables an assessment of whether or not the strategy was effective. Evaluations range from simply assessing whether the planned implementation activities were actually carried out according to plan (process evaluation or monitoring), to the more complex determination of whether or not the objectives set forth in the strategy were achieved (impact assessment). Whatever evaluation is chosen, it should be addressed at the start of the communication project.

5. Resources

1. *Effective Media Communication during Public Health Emergencies*. Geneva, World Health Organization, 2005.
www.who.int/csr/resources/publications/WHO_CDS_2005_31/en/index.html
2. *Planning social mobilization and communication for dengue fever prevention and control: a step-by-step guide*. Geneva, World Health Organization, 2004.
www.who.int/tdr/publications/training-guideline-publications/planning-social-mobilization-dengue-fever/en/
3. *Communication for behavioural impact to Roll Back Malaria*. Geneva, World Health Organization, 2004.
www.who.int/malaria/publications/atoz/who_cds_cpe_smt_2002_17/en/index.html
4. *Communications Toolkit: A guide to navigating communications for the nonprofit world*. Cause communications, Santa Monica, CA. 2005 www.causecommunications.org/resources.php
5. *Writing a communication strategy for development programmes*. Bangladesh, UNICEF, 2008.
www.unicef.org/cbsc/index_44255.html
6. John Hopkins University School of Public Health, Center for Communications Program, Resource Center. www.jhuccp.org/resource_center

6. Training for WHO staff

WHO Communications training contact: Dr Gaya Gamhewage gamhewageg@who.int

Annex 1: Example of communications planning exercise in Ghana

A communications planning exercise was carried out in Ghana in March 2012. The following section outlines the results of the exercise and provides an example of planning communications for the Better Medicines for Children project. This approach could be adapted for use in other settings.

1. The programme goal

To increase access to and improve use of child specific medicines in Ghana.

2. The problem statement

Child mortality in Ghana is high, yet access to medicines for children is still limited. Lack of availability is in part due to the lack of suitable child friendly medicines on the market and/or lack of suitable quality child friendly medicines. The cost to the health service and/or the patient limits access. Child friendly medicines are not high on the agenda and although policies are there, moving them into practice remains a challenge. There is a need for change in health care practice to improve utilization of children's medicines and a need for champions to drive that practice. End users (caregivers) need more guidance on child friendly medicines. Local manufacture of medicines for children may improve some of the availability issues but there is a lack of willingness on the part of manufacturers and a need for incentives if they are to be part of the solution.

3. Objective

To empower caregivers to ask for ORS and zinc in combination when a health professional prescribes medicine for treatment of their child's diarrhoea or when buying medicine at a chemical shop or pharmacy.

4. Target audiences

- Caregivers
- Prescribers
- Pharmacists/chemical shops/community distributors

5. Understanding the context

- Diarrhoea as one of the top 5 causes of child mortality.
- Diarrhoea presents as a complication from various illnesses.
- People may not know that they need to seek treatment.
- Some intensive education on diarrhoea was carried out in late 80s to mid- 90's.
- Social marketing foundation carried out a successful campaign on ORS.
- Sometimes ORS is not available- stock outs may occur in health facilities.
- There is local manufacturing capability for zinc.
- Zinc has been on the market only recently.
- There are cultural beliefs and practices that children with diarrhoea should have less food and fluids.
- There is resistance from health care professionals to patient empowerment.

Internal assets:

- Commitment from Ministry of Health
- Support from the Paediatric society
- Commitment from the multi-stakeholder steering committee (public and private) for Better Medicines for Children
- Good coordination unit (Ghana National Drugs programme as secretariat)
- Project has data to support interventions

Internal challenges:

- No continuity of funding to carry implementation forward
- Staff attrition

External assets

- Child health policy document
- Previous campaign on diarrhoea
- Local industry response
- Zinc is on National health Insurance list
- On the 2012 procurement plan
- USAID training on zinc for private sector pharmacists starting 22 March
- Ghana National Health Service training to public health care workers- on management of diarrhoea and zinc

External challenges

- Not enough clinical staff with paediatric expertise
- Manufacturers may not invest in advertising
- Risk that supply may not be sufficient to meet demand.

6. Developing the messages

Messages for each target audience were developed following a review of the audience readiness on the topic, their core concerns and reflection on what was being asked of them.

6.1. Target audience 1: Caregiver

Readiness: Probably informed about diarrhoea but may not know how dangerous it can be; probably know about ORS, but not zinc.

Core concerns: they value their child's health but are concerned about the distance to the health facility, money needed for treatment and disruption from work.

What do we want them to do: Ask the health professional/provider if they are being given both ORS and zinc.

Messages:

Tap value You want your child to be healthy.	Overcome barriers Nothing is as important as your child's health.
Ask When your child has diarrhoea, ask your health care provider about ORS and zinc.	Echo vision When your child has diarrhoea and you treat him or her with with ORS and zinc you will give your child a better chance to live.

Supporting information: Information on dangerous consequences if not properly treated. Proper treatment is available- benefits of zinc in addition to ORS. Administration.

Supporting experts or champions: Celebrity or sports star, women's groups, Ministry of Women and Children's Affairs.

6.2. Target audience 2: Health care providers

Readiness: Not all know about zinc although those trained more recently do know about it. Deputy Directors were informed and were directed to inform their facilities that zinc is available.

Core concerns: Positive patient outcomes, job satisfaction, appreciation from supervisors, colleagues and patients, and recognition of their value to the nation are the key values identified. Barriers may be that the healthcare provider is not open to patient empowerment.

What do we want them to do: Prescribe ORS and zinc; communicate effectively what is being prescribed and how it should be administered, and be open to patient empowerment.

Messages:

Tap value You want the best outcomes for your patients and recognition for your good patient care. You and the caregiver want the same for the child.	Overcome barriers Children of caregivers who are informed about ORS and zinc have better outcomes.
Ask Prescribe ORS and zinc for children with diarrhoea, explain the treatment to the caregiver and listen to the caregiver.	Echo vision Prescribe ORS and zinc and your patients will be healthier and your good work will be recognized.

Supporting information: Mortality data in Ghana, evidence on zinc, administration.

Supporting experts or champions: Paediatric society, pharmaceutical society.

6.3. Target audience 3: Pharmacies, chem shops

Readiness: Probably do not know much about it. Need some prescribing information.

Core concerns: Profits and quality care are valued. Main concerns are uncertain supply and impact on sales of other products.

What we want them to do: Stock ORS and zinc and provide both when a caregiver comes for a child with diarrhoea.

Messages:

Tap value Good care will lead to more clients buying products from you.	Overcome barriers Zinc is already available from local manufacturers.
Ask Stock ORS and zinc and provide both for a child with diarrhoea.	Echo vision Provide ORS and zinc to a child with diarrhoea you will have more satisfied clients.

Supporting information: Prescribing information, information on local manufacture.

Supporting experts or champions: Pharmaceutical society, association of representatives of ethical pharmacies, and association of licensed chemical sellers.

7. Developing the plan

A communications plan was drafted for each of the target audiences. The plans included activities according to each of the communications channels as per section 3.9 above.

The table below shows the communication activities that were discussed for disseminating messages to caregivers.

Example of activity plan for caregivers:

Channel	Activities
Community mobilization	Flyers and information to be distributed through: district level and sub-district level administration, community durba and meetings with local and district NGOs, district assemblies, queen mothers, community volunteers, schools
Advertising and promotion	Radio and/or tv interviews with health experts; partner with print and TV stations for features, articles, interviews, docudrama and 60 second spots.
Personal selling	Cell phone /sms alert
Point of care	Posters to be placed in public hospitals, clinics, private hospitals, CHPS compounds, health centres, licensed chemical shops and pharmacies

The final stage of the plan involved determining roles and responsibilities, timing of the activities, potential experts for delivering messages, budgeting and potential collaborations for implementation of the activities.

Annex 2: Worksheets for developing a communications plan for Better Medicines for Children

1. Setting objectives

Problem statement:

Programme goal:

Communications objective 1:

Communications objective 2:

2. Understanding the context

Current situation (extent of health burden, knowledge levels, attitudes, perception of risk, current behaviours):

Who needs to be reached in order to obtain the objective? How specifically can the audience be defined?

What is happening that may impact strategy

Internal assets

Internal challenges

External assets

External challenges

3. Understanding the audience

Target audience 1:

Core concerns	
Value (what existing belief or value can we tap into to engage and resonate with audience)	Barrier (what existing belief might be a barrier that needs to be overcome)

What do we want them to do?

Target audience 2:

Core concerns	
Value (what existing belief or value can we tap into to engage and resonate with audience)	Barrier (what existing belief might be a barrier that needs to be overcome)

What do we want them to do?

Target audience 1:

Tap value	Overcome barriers
Ask	Echo vision

Target audience 2:

Tap value	Overcome barriers
Ask	Echo vision

Activity plan

Activity	Timing	Responsibility	Budget
Advocacy			
Community mobilization			
Advertising and promotion			
Personal selling			
Point of care			