

**DRAFT**

# **Regional Action Framework on Communication for Health**

**A vision for using communication to improve  
public health in the Western Pacific Region**



## Contents

<b>Executive summary</b>	<b>11</b>
<b>1. Introduction</b>	<b>13</b>
<b>2. Framework for action by Member States</b>	<b>22</b>
2.1 Understanding and planning	23
2.2 Developing, testing and implementing	24
2.3 Measurement, evaluation and learning	27
2.4 Next steps for Member States	28
<b>3. How WHO will support C4H</b>	<b>29</b>
3.1 Proof of concept	29
3.2 Capacity enhancement	29
3.3 Regional partnerships	29
3.4 Measuring implementation of the Regional Action Framework	30
<b>References</b>	<b>31</b>



## Executive summary

Strategic communication is at the heart of public health and more important than ever in the digital age. Using communication strategically requires expertise, skills and resources to encourage governments to implement appropriate policies, empower health workers to deliver the best possible care and nudge people to take actions that protect and improve their health and that of their family and community.

Despite the importance and investments in multiple areas of communication in public health – including health promotion, health literacy, strategic communications, risk communications and community engagement – a stubborn gap persists between what people should do to protect their health and what they actually do. Closing this gap requires a combination of data and analysis, behavioural science and insights, storytelling and other communication-related skills and approaches, and strategic partnerships. This is the basis of Communication for Health (C4H).

In the Western Pacific Region, the World Health Organization (WHO) has developed C4H: a set of principles and practices to help ensure communication interventions are designed to inform and change attitudes and behaviours in ways that support the achievement of defined public health outcomes. Since 2019, WHO in the Western Pacific has begun using the C4H approach in its communication efforts to improve health outcomes and support Member States to do the same.

C4H is based on six principles: informed by data and theory; measurable; planned; audience- and people-centred; collaborative; and targeted. Application of the C4H approach requires a series of steps to first understand, then plan, develop, test and implement a communication programme or campaign, before evaluating and identifying lessons.

The C4H approach recognizes that health communication can play a vital role alongside other public health interventions to improve outcomes and extend lives. The approach builds on a range of disciplines and strategic communications approaches that have been used for decades to inform, change attitudes and behaviours, and help improve health at the individual, community and societal levels. C4H is evidence-informed and uses insights from social and behavioural sciences to identify and achieve clearly defined outcomes. C4H works with other programmes to support implementation and achievement of shared goals. Communication alone cannot solve complex health challenges, but it is an essential element of most solutions.

WHO's goal is to work with Member States and use C4H to contribute to improved health outcomes in the Western Pacific Region, to help achieve the shared vision of making the Region the world's healthiest and safest. In collaboration with academic experts and other partners, WHO is building technical capacity and experience in C4H at both regional and country levels, including in behavioural insights; measurement, evaluation and learning; and storytelling.

WHO is committed to using its capacity and experience to support Member States in this area. To that end, WHO is investing in C4H technical staff in a growing number of country offices in the Region. At the same time, to make full use of the power of communication to improve health outcomes, Member States will also need to invest in their capacity.

**Annex**

COVID-19 showed the urgent need for strategic health communication and the challenges of doing it well. In the early stages of the pandemic, communication was one of few prevention tools available, working alongside physical distancing, hand hygiene and masking to prevent the spread of infection. Political leaders and public health officials had to communicate information, risk and uncertainty, while urging people to follow guidance and reassuring them that everything was being done to protect them. Getting it right took skilled, evidence-based communication.

In response to Member State requests, WHO is strengthening implementation of C4H through this Regional Action Framework, engaging relevant experts and partners, and scaling up technical support for Member States. By building capacity for C4H, WHO, governments and partners can use communication to inform and empower, to change attitudes and behaviours, and ultimately to help achieve shared public health goals, including the Region's *For the Future* vision as well as the targets of the WHO Thirteenth General Programme of Work and the Sustainable Development Goals, especially Goal 3 to ensure healthy lives and promote well-being for all at all ages.

## 1. Introduction

Though its contribution has sometimes been under-recognized, communication is essential to public health. Today, communication for health is more important than ever because of increasing opportunities for communication and the number of platforms available, as well as the health challenges facing societies. Influencing policies, practices and behaviours requires strategic communication, whether the goal is to promote a new vaccine or other prevention tool, to reduce damaging habits such as smoking or excessive alcohol consumption, or engage with communities to cut infection rates of communicable diseases such as HIV/AIDS or tuberculosis.

Communication alone cannot remedy complex health problems; however, it is an essential element of most solutions, including many Member State health priorities. Using communication strategically requires expertise, skills and resources to encourage decision-makers to implement appropriate policies, to empower health workers to deliver the best possible care and to nudge people to take actions that protect and improve their health and that of their family and community.

### **Why is Communication for Health (C4H) needed?**

Health challenges are growing rapidly. Public health authorities face communicable disease outbreaks, the urgent and growing threat of antimicrobial resistance, the impacts of a changing climate and environmental degradation, rising rates of noncommunicable diseases (NCDs), including mental health issues, and ageing populations. At the same time, a growing infodemic of misinformation and disinformation has caused some populations to increasingly question public health recommendations such as getting vaccinated, visiting antenatal clinics (when pregnant) and following advice from health professionals on how to avoid/treat illnesses, etc. Changing knowledge, attitudes and behaviours to address each of these challenges requires more targeted and strategic health communication. As well as policy changes, empowering people to change habits or adopt new behaviours requires an understanding of cultural, social, psychological and environmental factors in communities and societies. This is important for both prevention and management.

In emergency situations, C4H<sup>1</sup> can make a significant contribution. Risk communication calls for specific approaches to engage with affected communities and other priority stakeholders so that they can take rapid action to protect their health.

People's health and health-seeking behaviours are influenced – both positively and negatively – by information, communication and social norms. On one side, public health communicators attempt to persuade people to make healthy choices (no tobacco, less alcohol, more exercise, reduced fat, sugar and salt, and so on). On the other side, industry marketing, combined with poverty and other social determinants of health, pushes people to do the opposite. To date, not enough has been done to capitalize on the potential of communication to improve health by understanding context, audience, knowledge, attitudes and behaviours, and carefully targeting them through communications. Some health communication programmes may have been under-resourced, poorly designed and untested; others may have focused on awareness-raising without adequately understanding the “know-do gap” – while important, knowledge alone is not enough to achieve behaviour change;<sup>2</sup> and others may not have come at the right time to have the greatest impact or any at all. All of this limits the impact of public health programmes.

## Annex

The C4H approach aims to help all Member States scale up the use of strategic communication as a tool for public health. For many people today, life is driven more than ever by information technology and communication. Most people carry at least one device with them<sup>3</sup> that allows them to instantly contact friends, family and colleagues wherever they are. Globally, an estimated 1.5 billion more people gained access to the Internet over the past five years, bringing total users to more than 5.1 billion.<sup>4</sup> Total social media users worldwide topped 4.8 billion<sup>5</sup> in 2023, an increase of over 10% from 2022. In the Philippines, for example, regular users spend more than four hours per day on social media platforms on average.<sup>6</sup>

These devices and platforms also enable communication with strangers. This “always on” technology has benefits for the spread of information, including health information and the potential to make people and societies healthier. The technology also poses challenges: inaccurate and fake information can spread just as fast, often faster, through the same channels. Meanwhile, vulnerable and disadvantaged populations often do not have access to new technology and the information it offers and are, therefore, at risk of being left behind further by the digital divide.

For health workers and public officials, understanding the opportunities and potential challenges of communication is an important part of their work. Identifying which stakeholders need what information and how best to reach them is an essential skill. Developing, building and sustaining these capacities requires investment in people, training and other resources. This is why WHO has worked to develop C4H.

## What is Communication for Health?

Communication for Health, or C4H, is an approach that brings together a set of principles and practices to help ensure communication interventions are strategically designed to inform and change attitudes and behaviours in ways that support the achievement of defined public health outcomes. C4H builds on practices and lessons identified by Member States, United Nations agencies, including WHO, and other partners, over several decades across a wide range of related, established fields, including health promotion, health literacy, programme communications, social and behaviour change communications, communication for development, risk communications and community engagement.

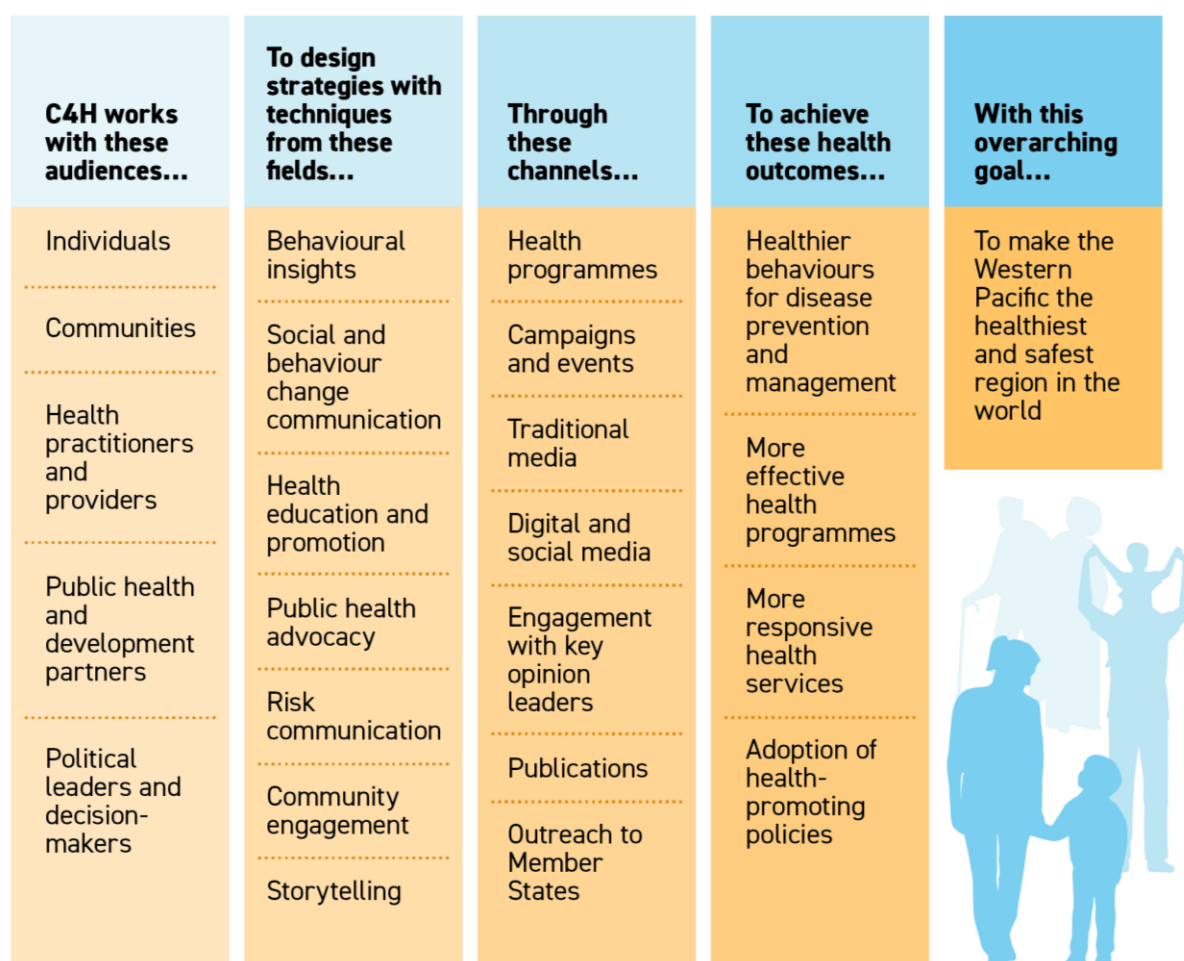
In addition to learning from existing strategic communication approaches, C4H builds on work done by WHO, Member States and partners to use behavioural sciences, in line with the resolution on *Behavioural Sciences for Better Health*<sup>7</sup> adopted by the World Health Assembly in May 2023. C4H has been developed in parallel with the global framework on well-being, *Achieving well-being: A global framework for integrating well-being into public health utilizing a health promotion approach*.<sup>8</sup> The C4H approach has already been used with success in several countries across the Western Pacific Region. The goal now is to deepen and extend its reach to maximize public health impact.

C4H enables Member States to deliver on their public health priorities and commitments, including Sustainable Development Goal 3<sup>9</sup> (to ensure healthy lives and promote well-being for all at all ages); the Triple Billion targets of the WHO Thirteenth General Programme of Work,<sup>10</sup> the International Health Regulations 2005,<sup>11</sup> the Healthy Islands vision for the Pacific<sup>12</sup> and the *For the Future*<sup>13</sup> vision to make the Western Pacific the world’s healthiest and safest region. At the same time, C4H should facilitate joint work and collaboration between the health sector and other sectors with shared goals: for example, with education to deliver messages and health impact to school-age children and their families.



C4H is a comprehensive approach to leverage the full power of strategic communication to improve public health outcomes. Evidence-informed and evaluation-driven, C4H brings together theories, tools and techniques – from social and behavioural sciences to storytelling, and data-driven planning to monitoring, evaluation and learning – to ensure communication interventions are designed and implemented in ways that are likely to deliver health impact. C4H is a comprehensive approach that can be applied across various communication disciplines, including policy advocacy and other external communications, as well as risk communications and community engagement, among others (see Fig. 1).

**Fig. 1. How C4H works**



Examples of how the C4H approach has been used in the Region:

- In China, in a series of initiatives from 2018 to 2022, the C4H approach was used to nudge people to reduce their salt intake. Most people in China consume too much salt, on average 9.3 grams per day from home cooking alone, which is nearly double the recommended amount. To respond to this challenge, WHO, in collaboration with the Chinese Center for Disease Control and Prevention and a popular food delivery app, tested several approaches to encourage customers to choose lower-sodium meals. The group of researchers found that simply showing consumers a health message on the dangers of high-sodium diets was not effective in nudging them towards ordering lower-salt dishes, whereas making changes to the choice architecture in

## Annex

the app, by which consumers were presented with a sub-menu of options for “regular salt” and “reduced salt” was effective in prompting healthier choices, compared to the control group. Furthermore, a random sample of menu items were laboratory tested and results confirmed that “low sodium” orders truly had less sodium than standard dishes (25% on average).<sup>14</sup> Separately, the WHO team used focus groups and other insights to develop a successful social media and print campaign to support reduction in the intake of salt in home cooking.<sup>15</sup>

- In Malaysia, the C4H approach was used to ensure communication was as effective as possible to support COVID-19 prevention.<sup>16</sup> A survey in mid-2020 found that COVID-19 was not perceived as a severe disease by nearly 80% of respondents, especially youth and young working adults. In response, the Ministry of Health and WHO partnered with local civil society organizations to crowdsource solutions for an engaged and risk-informed youth population, and used focus groups to identify knowledge gaps and rumours and understand perceptions and behaviours.<sup>17</sup> Building on this, a three-day workshop on the use of behavioural science for health communication was organized in late 2021 by WHO, the Ministry of Health and the Institute for Health Behavioural Research. In addition, a review of global literature on COVID-19 messaging provided insights into effective approaches to influence behaviours in other settings for testing in the Malaysian context. Based on these, new materials were co-developed by the Ministry of Health and WHO which then underwent iterative improvements based on rounds of consultation with audiences via focus groups and interviews. The refined materials were then taken to an online randomized controlled trial where they were tested for effectiveness. Responses from 4000 Malaysians who were representative of the public revealed which materials performed best in terms of recall, intentions and sentiment, and these were then deployed broadly.
- In Fiji, a social listening system was used during the COVID-19 pandemic to understand people’s concerns and why they were not coming to health facilities for treatment of both COVID-19 and other conditions, despite a sharp rise in cases and reports of serious illnesses and deaths in June 2021. When experts in risk communication and community engagement from the Ministry of Health and WHO triangulated information gathered through calls to emergency hotlines, in posts on social media and in discussions with community-based volunteers and mobile medical teams, they heard a consistent message: people were fearful that they could be isolated or trapped in a hospital and even die alone if they came forward for treatment. By responding to some of the specific concerns about how health facilities were set up and staffed, health workers were able to improve perceptions in the community and increase the number of people seeking care. The system was used again when vaccines became available to allay concerns and show people that achieving high rates of vaccination would help avoid future lockdowns.<sup>18</sup>
- In Papua New Guinea, the C4H approach was used to address high maternal and newborn mortality. Research undertaken in 2019 showed a lack of understanding about family planning and contraception and the potential risks of pregnancy and childbirth. In particular, there was a need for greater awareness among men and other community members of the risks and the need for antenatal care. In response, WHO and the National Department of Health partnered with a local nongovernmental organization (NGO) and a production company to help address this major public health challenge.<sup>19</sup> In 2020, a television and radio drama designed to increase

awareness about pregnancy-related risks, warning signs and the need to seek medical care was screened nationwide. A focus group discussion followed the pilot episode to determine the efficacy of its messaging and inform future productions. The episode was screened separately to a group of men and a group of women from various parts of Papua New Guinea, who answered questions before and after viewing. It showed that the storytelling techniques used were able to shift knowledge and attitudes towards maternal and newborn deaths and childbirth among both men and women. Additional episodes have since been developed using these insights.

In each case, strategic approaches were taken to better understand challenges and how communication could help address them. Research and analysis were carried out; target outcomes were identified; and communication techniques chosen and tested. Monitoring, evaluation and learning were built in from the beginning to help measure the outcomes and impact of each programme (see Fig. 2).

Fig. 2. C4H principles – IMPACT

## C4H is all about health IMPACT

C4H initiatives are:



**Informed by data and theory**



**Measurable**



**Planned**



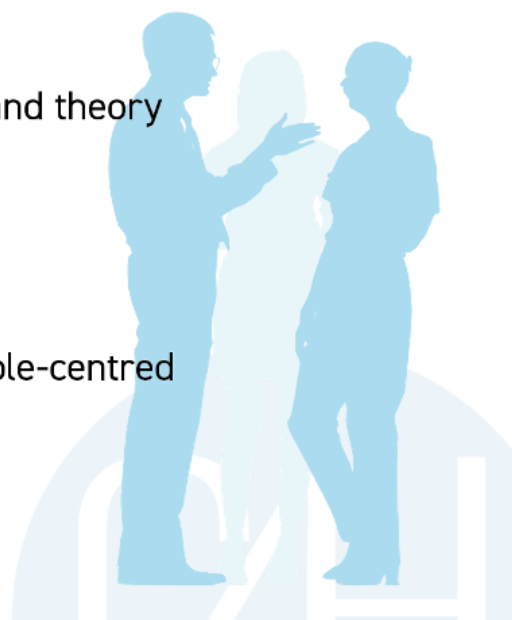
**Audience and people-centred**



**Collaborative**



**Targeted**



- *Informed by data and theory* – uses theories from social and behavioural science to diagnose the barriers and drivers of a health issue. Strategies are designed around evidence, rather than assumptions, to address individual, socio-cultural and environmental influences.
- *Measurable* – measurement and evaluation methodologies used to set targets and assess the outcomes and impact of activities. Lessons are identified to inform and improve future activities.
- *Planned* – programmes follow a planning cycle to understand, plan, develop, test, implement, evaluate and learn from the communication strategy.

## Annex

- *Audience and people-centred* – uses a bottom-up approach based on listening in which stakeholders are not just passive subjects or recipients of communication, but also originators and co-creators of communication. This two-way process ensures that community norms, attitudes, fears, desires and motivators are heard and understood. Stories of people affected by health challenges are amplified, as the power of storytelling is leveraged to generate empathy, increase receptiveness and create lasting change.
- *Collaborative* – draws on a range of areas of technical expertise and engages meaningfully with key partners and community stakeholders.
- *Targeted* – uses principles and processes to ensure communications are developed for particular groups of stakeholders to achieve specific purposes, based on known needs and preferences.

Despite significant progress in applying strategic communication to address public health challenges, a stubborn gap persists between what we know individuals, communities and societies need to do to improve their health and what they actually do. Closing this gap requires a combination of data and analysis, behavioural science and insights, storytelling and other communication-related skills and approaches, and strategic partnerships.

Developing and delivering programmes in line with the C4H approach requires a specific set of skills and capacities, some of which will already be available within a communications team, while others will need to be further developed or enhanced:

- *Strategy and planning* – helping to identify the public health outcomes to which C4H can most effectively contribute, and using the C4H principles and practices to plan strategic communication interventions.
- *Data and analysis* – using data, evidence and experience to help identify the right stakeholder groups, understand their knowledge, attitudes and behaviours, and measure desired changes.
- *Multi-source listening* – listening to the concerns of communities, including on social and digital channels, to better understand the drivers and obstacles to change on specific health issues.
- *Behavioural science and insights* – using behavioural science to identify the most promising approaches to encourage a desired change within each group of stakeholders.
- *Storytelling* – gathering and sharing compelling stories of individuals and communities and how health issues and interventions have impacted lives to maximize relatability and empathy, and encourage actions to address them.
- *Measurement, evaluation and learning* – carefully identifying, gathering and analysing metrics to assess progress, evaluate outcomes and impact of specific interventions, and apply lessons to the next stage of a campaign or programme.

Understanding and making the most of opportunities to address public health challenges through strategic communication is an increasingly important aspect of the work of health ministries and can

help Member States achieve priority public health goals. Identifying which problems can be addressed through strategic communication, defining how to reach stakeholders and what information they need is an increasingly important area of public health technical capacity. Developing, building and sustaining these capacities requires investment in people, training, tools and other resources.

The C4H approach recognizes that health communication can play a vital role alongside other technical programmes in improving health outcomes at all levels in society. This includes empowering people to make healthy choices for themselves and their families, advocating for policy choices and supporting service delivery. For example, during the COVID-19 pandemic, survey data have been used in Malaysia and elsewhere in the Region to identify population groups in need of additional information and support.<sup>20</sup>

C4H is not an entirely new approach to health communication, nor is it an attempt to replace or rename existing techniques and channels. Rather, C4H brings together a set of principles and practices, and recommends their application to existing, well-established communication functions, including external communications, risk communications and community engagement, and behaviour change communication.

### **Learning from the COVID-19 example**

COVID-19 has highlighted both the need for and importance of strategic health communication. The infodemic – too much information, including false or misleading information, in digital and physical environments during a disease outbreak<sup>21</sup> – that spread along with the virus increased the urgency of applying C4H principles and practices. Strategic communication efforts have been vital to maintaining people's trust in health authorities' responses to the virus and their compliance with recommended measures to reduce its spread, even amid uncertainty. Communication that draws upon relevant data and evidence has also been central to understanding and addressing people's evolving concerns and information needs over time. In the Lao People's Democratic Republic, for example, health communication was used to support a campaign to increase coverage of the COVID-19 vaccine and booster, as well as routine vaccination, ahead of the National Games held in December 2022 in the rural and ethnically diverse Xieng Khouang Province. Working with the Ministry of Health and Ministry of Home Affairs, WHO supported a vaccination campaign focused on enhanced community engagement, leading to an increase of over 240% in outreach uptake compared to previous efforts in similar communities.<sup>22</sup>

The pandemic required political leaders and public health officials to communicate risk and uncertainty, while urging people to follow public health guidance and reassuring them that everything possible was being done to protect them.<sup>23</sup> Even when there was significant uncertainty and vaccines or effective treatments were unavailable, strategic communication was used to inform people across the Region about the virus and the public health and social measures being used to reduce transmission.

Over time, as perceptions of risk changed and publicly mandated measures were eased, new challenges emerged. Strategic communication became an even more important element of the public health response when the public was relied upon to understand the ongoing need to take individual protective measures to slow transmission of the virus.

## **Annex**

WHO used the C4H approach throughout the COVID-19 communication response and supported Member States in the Region to do the same.

When vaccines became available, strategic communication was essential to persuade people to accept them. Using C4H principles and practices – such as multi-source listening and analysis, effective storytelling, strategic partnerships and carefully planned dissemination strategies – helped to track and address rumours and share accurate health information with targeted groups. No country got everything completely or consistently right. COVID-19 continues to pose significant challenges, while demonstrating the value of effective health communication.

Multi-source listening – or gathering data from a range of sources, such as social media, online communities, call centres, surveys and other mechanisms – has helped shape the COVID-19 communication strategy and messages. Storytelling was also used to highlight the human impact of the pandemic.

Tests were conducted to assess whether messages and visuals resonated with targeted communities. Measurement, evaluation and learning helped to set goals, measure outcomes and identify lessons, which were in turn used to refine the strategy. In particular, a regional communication strategy grounded in C4H principles helped to support the unprecedented speed, scale and complexity of the vaccine roll-out.<sup>24</sup>

The C4H approach can be applied to both emergency and non-emergency health communications. In rapidly evolving situations, such as outbreaks, the primary aim of health communication is to provide accurate information to help people make informed decisions for their families and themselves. Risk communications techniques are used to help people to assess risks without over-reassuring, as well as ensuring a regular flow of accurate information as it becomes available. The C4H approach is fully aligned with the principles of risk communications.<sup>25</sup>

Other C4H principles and practices apply equally to emergency risk communications. For instance, ensuring communication strategies, methods and messages are informed by evidence and grounded in listening to at-risk communities results in better outcomes.<sup>26</sup> It is important to have systems in place and partnerships that can be leveraged in times of emergency to share information with a wide range of stakeholders. These need to be put in place and tested before a crisis. Credibility and trust in institutions, messengers and the information itself are essential and need to be developed steadily over time and reinforced during “peacetime” as a foundation to be built on in crises.

Building on the experience and lessons of the pandemic, the C4H approach should be used to help address a range of public health challenges. These may include: tackling communicable and noncommunicable diseases, including mental health issues; anticipating and meeting the needs of rapidly ageing populations; and reaching vulnerable populations with quality, accessible and affordable health services.

## **Vision**

The vision is that Member States across the Region adopt and scale up C4H as a routine and integrated part of their public health programmes to help make the Western Pacific the world’s healthiest and safest region.

## Support to date

Over the past four years, significant work has been done to support Member States in the Western Pacific to advance C4H:

- WHO convened a technical meeting of Member States and partners in 2020 to understand key health communication challenges and opportunities and engage Member States in discussions about how best to develop the C4H approach to support their needs.
- Trainings in behavioural science; measurement, evaluation and learning; and storytelling have been undertaken to build capacity for the application of C4H principles and practices among government and WHO staff.
- WHO operationalized the C4H approach in its regional COVID-19 communication response, including through the targeted use of research, message testing, and measurement, evaluation and learning.
- Dedicated positions have been created in a number of WHO country offices to ensure concerted technical support to Member States in this area.
- Member State representatives were brought together to share experiences and perspectives on C4H during sessions of the Regional Committee, namely a side event in October 2021 and a panel discussion in October 2022.

## Next steps

To achieve the *For the Future* vision, WHO is working with Member States to advance implementation of C4H as a technical approach – to enhance capacities in WHO and Member States for the application of C4H principles and key practices with the objective of improving health outcomes and delivering better health impact for people across the Western Pacific. Adoption of this Regional Action Framework will help move this work forward.

## Annex

### 2. Framework for action by Member States

WHO's goal is to work with Member States and other partners to use C4H to contribute to improved health outcomes in the Western Pacific Region, to help achieve the shared vision of making the Western Pacific the world's healthiest and safest region. WHO is building its technical capacity and experience in C4H at both regional and country levels, including in the areas of data and analysis, behavioural insights, storytelling, and measurement, evaluation and learning. The Organization is working in collaboration with academic experts, other United Nations agencies, the private sector, NGOs, faith-based organizations and other partners. WHO intends to use its experience to continue scaling up support to Member States in this area.

WHO is investing in C4H technical staff in a growing number of country offices in the Region. At the same time, to make full use of the power of communication to improve health outcomes and to sustain efforts long-term, Member States must invest in their capacity. Capacity enhancement and application of the C4H approach by WHO and Member States together will help to ensure that health communication in the Region achieves better results for all, including hard-to-reach and vulnerable populations.

Like immunization, health systems strengthening and epidemiology, C4H is a tool for contributing to better health outcomes. Member States in the Region have different experiences and capacities in health communication. Some are already using many C4H principles and practices; others will need to develop capacities. This Framework is intended to support Member States, whatever their starting points, to gain the benefits of improved communication for health.

WHO and Member States will continue to learn from each other as the C4H approach is further developed and implemented across the Region.

**Fig. 3. C4H schematic outline**





As shown in Fig. 3, the C4H process goes through a series of steps to understand, plan, develop, test, implement, evaluate and learn from a communication intervention. These steps are described in more detail below.

## 2.1 Understanding and planning

The first step in applying the C4H approach is to understand the specific situation by conducting a situational analysis. This involves asking and answering questions, such as:

- What is the public health problem to be addressed?
- Who is most affected?
- What are the underlying causes of the problem?
- How can communication contribute to solving this?
- What are the main stakeholders' current knowledge/attitudes/behaviours?
- Whom do they trust and where do they get information and advice?

### **Multi-source listening: understanding and responding to real needs**

Finding out what information and opinions people have, as well as what they are searching for and/or already hearing, is an important part of planning a communication intervention using the C4H approach. Multi-source listening is a technique used to track and monitor opinions and statements, emerging concerns, questions and informational needs. This includes collecting and analysing social media and website posts and analytics, as well as monitoring mass media channels, including radio and television call-ins and hotlines, surveys, focus groups and interviews with key sources, as well as community engagement activities.

While social media channels help to understand the concerns of many stakeholders, it is important to remember that not everyone has a smartphone and unlimited data. Going far beyond social media to engage and listen to communities, including building the capacities of local networks to support health communication, remains critical to ensure credible information reaches and engages harder-to-reach communities. C4H principles and practices build on studies such as the Australian Roundtable on Disaster Resilience that found culturally diverse communities often had limited links with the wider community and its formal structures and that community engagement could mediate access to health information.<sup>27</sup>

Triangulating multiple sources of data enables public health authorities to have confidence in their understanding of the knowledge, attitudes and behaviours of specific stakeholders, and the barriers and opportunities to shift them. Gathering and analysing these data – which is essential to ensure the effectiveness of a C4H programme – does not have to be expensive or time-consuming.

The situational analysis should then feed into the planning stage to determine the target outcome of the communication intervention (also known as the single overarching communications outcome or SOCO) before defining the particular forms of communication which would be most appropriate to achieve the desired health outcome:

- Which messages?
- Which messengers?
- Which channels?

## Annex

- Which formats?
- Which languages, etc.?

Only after the understanding and planning stages are complete should practitioners develop, test and refine their communications products and activities. The difference between C4H and other approaches to communication is the constant focus in C4H on health outcomes and identifying the best way to achieve them.

This process and the associated practices require people with certain technical skills, including: data and evidence analysis; strategic planning; multi-source listening; behavioural science; effective storytelling; and monitoring, evaluation and learning. It also means assessing available funding, partnerships and other resources to support activities, as well as considering capacity differences between capital cities, provinces, districts and other areas with different health contexts and communication needs. C4H can be applied at all levels, from national to local.

### Using the right formats, messengers and channels

Reaching different stakeholders may require a range of communication channels – online and offline, new and traditional, community engagement as well as storytelling techniques.

Storylines in a television or radio show may work best for addressing a health challenge with one group of stakeholders; science-based information from a health provider for another; community engagement or social media posts for a third. And they may listen to and trust different institutions and individuals. Equally, non-communication approaches (such as changing opening hours at a clinic or fixing stock-outs or other logistical challenges) may need to be combined with communication for greatest impact.

By using social listening and other data sources, C4H can help to identify barriers and appropriate ways to address them. Using C4H, this should be done before developing products or activities.

The C4H approach not only describes a central health ministry function, but also applies to regional, provincial and local-level officials. Equally, the approach needed to persuade people in a village to change their behaviours may be very different from those focused on professionals in a capital city.

Decision-makers within each Member State will need to invest in building the capacities needed for the application of the C4H approach and help to ensure that appropriate resources are available as needed.

## 2.2 Developing, testing and implementing

Particular technical skills and capacities are needed at the next stages of applying the C4H approach to go beyond understanding and planning, to developing, testing and refining, to implementation, monitoring, evaluation and learning, then back around the schematic approach shown in Fig. 3 to understanding and planning.

There is no one-size-fits-all C4H approach. Each public health challenge requires a targeted solution, using a specific combination of techniques, channels and approaches to deliver the defined health outcome. The underlying concept of C4H is that health communication should be informed by evidence,

targeted to the needs and preferences of specific groups of stakeholders, refined through testing to maximize effectiveness, and measured and evaluated to support continuous learning and improvement. Take the example of Papua New Guinea, where WHO and the National Department of Health used the C4H approach to help address high levels of maternal and neonatal mortality: Situation analysis demonstrated the need to change attitudes and behaviours related to care-seeking behaviours in pregnancy. The team then worked with an NGO and a production company to develop and test storylines for a television and radio series to help address the issues. The starting point was not “let’s make a television programme”; the starting point was “how can we use communication techniques to contribute to this health outcome, which has social and behavioural determinants?”

Some of the required technical skills to implement the C4H approach in the development, testing and implementation stages include: use of behavioural insights; effective storytelling; infodemic management, namely dealing with misinformation and disinformation; and leveraging partnerships. WHO will continue to work with Member States to develop and enhance capacity of communicators in health ministries and other relevant areas of government in applying C4H.

#### **Behavioural insights for greater impact**

Attempts to change policy/practice or influence behaviour must be rooted in an understanding of cognitive, socio-cultural and environmental factors. In line with the recently adopted World Health Assembly resolution on *Behavioural Sciences for Better Health*,<sup>28</sup> C4H incorporates behavioural insights, including applying behavioural science, to developing and using the results of surveys, focus groups and other research tools. It begins by asking questions about why people behave in a certain way, what are the cultural or social obstacles to change, and how they can be overcome. Evidence to understand the behaviour of different groups can be collected through surveys, focus group discussions, key informant interviews, observation and other techniques.

Testing is also a critical part of the process, including testing communication initiatives, interventions, channels and spokespeople, as well as messages and visuals. It is important to understand the reactions of a range of stakeholders. Communication may be evidence-based but too technical; it may be clear to a group of health communicators but not well understood by a priority stakeholder for any number of social or cultural reasons, which may not lead to the desired outcome.

Just as no ministry of health would introduce a new vaccine or treatment unless it had been thoroughly tested, the same approach should apply to health communication. Only testing can demonstrate the efficacy (and safety) of communication.

## Annex

### **The power of stories: storytelling for effective communication**

Human beings communicate – and connect – best through stories.<sup>29</sup> C4H uses this insight to help ensure that health communication resonates with and is understood by key stakeholders. People internalize stories best when they see themselves reflected, when characters look and sound like them and they find themselves in situations that the stakeholder recognizes. Like any other form of communication, stories need to be crafted carefully for specific stakeholders. Stories connect people emotionally and open them to be more receptive.

C4H advocates the use of storytelling techniques to produce impactful content to inform decision-making at meetings with policy-makers, to share health advice with populations via social media, websites, radio and television. The information is presented in the form of stories, rather than only facts and figures, to help people better absorb the information and be motivated to take action. An example of this is the *People of the Western Pacific* series<sup>30</sup> that WHO has produced and found, through evaluations, to be an effective and convincing form of health communication.

### **Countering falsehoods: tackling infodemics**

Health misinformation and disinformation present a major communication challenge. No country or institution has yet produced a fool-proof strategy to respond. The most promising approach begins by understanding exactly what people are hearing, to whom they are listening and what they believe. WHO has developed a programme of work on infodemic management,<sup>31</sup> which seeks to use risk- and evidence-based analyses and approaches to manage infodemics and reduce their impact on behaviours during health emergencies.

Partnering with influential groups – such as health professionals, community leaders, faith-based groups and other trusted organizations – is also important to deliver consistent and credible messaging through multiple channels. Disinformation loves a vacuum, so it is important to take the initiative in addressing misapprehensions and falsehoods that spread in any community, especially in times of uncertainty.<sup>32</sup>

### **Leveraging partnerships**

Complex health challenges can rarely be solved by one entity alone. Health authorities need to build and sustain a wide network of partners to contribute to implementation of C4H interventions. No single institution has all the skills, all the resources, or can do all the work needed over time. In many countries, there are opportunities to partner with:

- non-health government departments (information/communications, education, labour, social welfare, etc.);
- academic, medical, health and related research institutes (for example, to understand stakeholder knowledge, attitudes and behaviour and identify relevant behavioural insights);
- humanitarian and development partners, including intergovernmental organizations and development banks, such as the social and behaviour change officers for the United Nations Children's Fund (UNICEF);
- the private sector – for example, companies using their brand to support public health campaigns and communicating with their staff, as well as firms with specific technical skills (such as commissioning surveys or development, testing and refining campaign messages and materials), as well as NGOs and

faith-based organizations with strong networks that have high levels of trust and influence within communities; and

- social media platforms and broadcasters (for example, to reach particular stakeholders based on demography and geography and to access data for insights to help ensure communications are effective).

Each partner brings different skills and perspectives. Together, they can partner with ministries, using the C4H approach to achieve shared goals for health. Partnering with these groups can help to ensure health communication reaches more people and achieves greater impact.

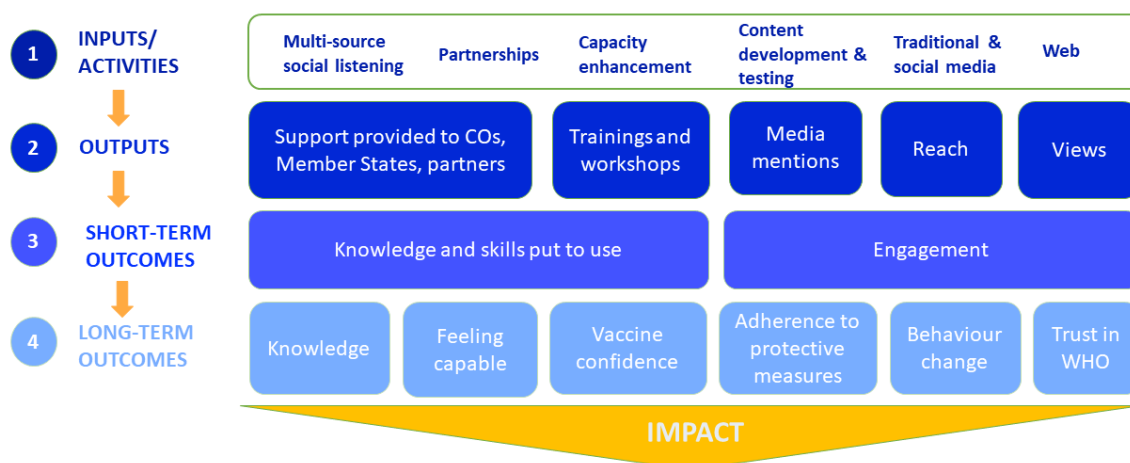
Partnering with communities, health-care workers and other priority stakeholders will also help ensure that communication is developed, delivered and received consistently and effectively. For example, a pilot study conducted in Puerto Rico found community-driven strategies to have positive and significant effects on respondents' understanding and knowledge about protection against Zika virus and other mosquito-borne diseases.<sup>33</sup> Ideally, communities and other stakeholders will collaborate to produce campaigns, messages and materials.

## 2.3 Measurement, evaluation and learning

A key element of the C4H approach is measurement, evaluation and learning (MEL). MEL is a process that describes: the development of logical frameworks, setting priorities, objectives and targets that are SMART (specific, measurable, achievable, relevant and time-bound); testing and refining draft messages and materials; tracking progress and adjusting as needed throughout the process of implementation; evaluating communication outcomes and identifying lessons; and feeding what is learnt back into the strategic planning and development cycle to support continuous improvement. MEL helps to demonstrate the association between specific communication interventions and health outcomes and ensures that C4H interventions are designed and evaluated for impact.

Fig. 4 shows an example of how MEL can be applied to measure the contribution of C4H to health outcomes and impact.

**Fig. 4. Applying MEL**



## **Annex**

C4H guides practitioners to focus on achieving outcomes that contribute to impact towards specific global, regional and national health goals, such as those set out in the Region's *For the Future* vision, as well as the targets of the WHO Thirteenth General Programme of Work and the Sustainable Development Goals, rather than focus only on processes and outputs (such as numbers of publications, press releases or social media posts). This approach enables practitioners to go beyond measuring what was done and connect inputs, outputs and outcomes to what happened as a result of a C4H intervention. This approach gives greater confidence by better documenting the C4H contribution to improvements in public health. It can also inform decision-making by governments and development partners to best allocate resources by showing the return on investment.

### **2.4 Next steps for Member States**

To successfully build the C4H approach across the Western Pacific Region and make it an integral part of health ministry functions and priority public health programmes, Member States will need to first assess their existing capacity to implement this approach. Each Member State will then need to identify where additional capacity is needed and/or can be developed internally. This may include reorganizing human resources, skills enhancement and training; identifying additional requirements; and investing in new resources. Actions should then be taken to fill those gaps to enable countries to make C4H an integral and sustainable part of ministry of health functions. Countries should then identify priority public health programmes for application of the C4H approach, then implement, measure, evaluate and report on results.

WHO stands ready to provide technical support to Member States throughout this process.

### **3. How WHO will support C4H**

WHO's ambition is to drive and support Member States to implement the C4H approach, working together to use communication strategically to make a measurable contribution to improving health outcomes in the Western Pacific Region. WHO, Member States and partners in the Region can continue working together, adopting and scaling up this approach. A network of champions with expertise across the principles and practices of C4H has been in development in the Region over the past few years. Following adoption of the Regional Action Framework, WHO will work with Member States to formalize this regional expert network. WHO will also continue to develop, test and disseminate key tools to support implementation of C4H.

In addition to C4H technical staff in country offices in the Region, WHO has developed a series of practical guides and tools to support Member State application of the approach. Working in collaboration with academics and other experts and partners in the Region, WHO will develop and provide additional guidance and tools for Member States on the technical aspects of C4H to support implementation of this Regional Action Framework.

#### **3.1 Proof of concept**

WHO will continue working with Member States and partners to apply C4H to help address specific health challenges and facilitate the identification and sharing of experience and lessons between Member States to continuously refine and improve the effectiveness of the approach and the related tools and guidance.

Efforts by WHO and Member States to demonstrate the proof of concept should also help to make the investment case for C4H activities and human resources to support sustainability and scaling of the programme.

#### **3.2 Capacity enhancement**

Many Member States already have some or all of the skills and technical knowledge required to implement the C4H approach. However, there may be a need for some reorganization or adjustment of processes and practices. Other Member States may have significant gaps in capacities.

In addition to the existing tools to support application of the C4H approach, such as the storytelling handbook,<sup>34</sup> training modules<sup>35</sup> and soon-to-be-published monitoring, evaluation and learning manual, WHO will develop and provide additional technical guidance and support, depending on the nature of Member States' existing and evolving needs, following the endorsement of this Regional Action Framework.

#### **3.3 Regional partnerships**

WHO works closely with partners in the Region, such as UNICEF and academic institutions, and will continue to connect Member States and other partners to share experiences and best practices regarding implementation of C4H. This will include regular meetings and information-sharing to supplement the online forum of material on C4H in the Region. WHO will continue to work closely with the WHO Collaborating Centre on Evaluation of Communication: the School of Communication, University of

## Annex

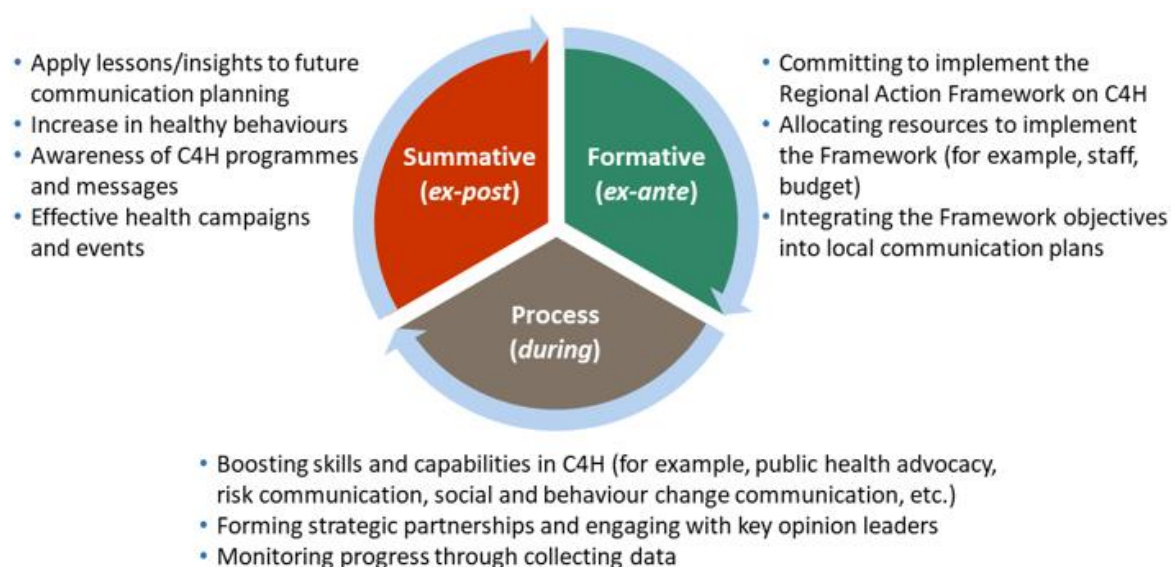
Technology Sydney to support implementation of C4H, as well as with other academic partners and relevant entities (such as social media companies) to further document the experiences and practice of C4H and develop and refine tools.

### 3.4 Measuring implementation of the Regional Action Framework

Additionally, following endorsement of this Regional Action Framework, work will continue to build a set of indicators to monitor its implementation across the Region. Fig. 5 shows the three stages (formative, process and summative) of a MEL framework that will be used to measure implementation of the Framework.

Member States will be invited to share data with WHO periodically on key indicators to measure implementation of the Regional Action Framework and its impact.

**Fig. 5. Stages of MEL**





## References

- <sup>1</sup> Communicating for health impact. In: WHO [website]. Manila: WHO Regional Office for the Western Pacific; 2023 (<https://www.who.int/westernpacific/activities/Communicating-for-health-impact>, accessed 18 July 2023)
- <sup>2</sup> World Health Organization. Technical note from the WHO Technical Advisory Group on behavioural insights and science for health. In: WHO [website]. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/technical-note-from-the-who-technical-advisory-group-on-behavioural-insights-and-science-for-health>, accessed 18 July 2023)
- <sup>3</sup> Forecast number of mobile users worldwide from 2020 to 2025. In: Statista [website]. ([https://www.statista.com/statistics/218984/number-of-global-mobile-users-since-2010/#:~:text=In%202021%2C%20the%20number%20of,projected%20to%20reach%207.49%20billion\\_](https://www.statista.com/statistics/218984/number-of-global-mobile-users-since-2010/#:~:text=In%202021%2C%20the%20number%20of,projected%20to%20reach%207.49%20billion_), accessed 18 July 2023)
- <sup>4</sup> Number of internet and social media users worldwide as of April 2023 (in billions). In: Statista [website]. (<https://www.statista.com/statistics/617136/digital-population-worldwide>, accessed 18 July 2023)
- <sup>5</sup> Social media - Statistics & Facts. In: Statista [website]. (<https://www.statista.com/topics/1164/social-networks/#topicOverview>, accessed 18 July 2023)
- <sup>6</sup> Social media in the Philippines – statistics & facts. In: Statista [website]. (<https://www.statista.com/topics/6759/social-media-usage-in-the-philippines/#topicOverview>, accessed 18 July 2023)
- <sup>7</sup> Resolution EB152(23). Behavioural sciences for better health. In: 152nd session of the Executive Board. Geneva: World Health Organization; 2023 ([https://apps.who.int/gb/ebwha/pdf\\_files/EB152/B152\(23\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB152/B152(23)-en.pdf), accessed 4 July 2023).
- <sup>8</sup> Achieving well-being – A draft global framework for integrating well-being into public health utilizing a health promotion approach. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/m/item/achieving-well-being>, accessed 18 July 2023)
- <sup>9</sup> Ensure healthy lives and promote well-being for all at all ages. In: United Nations Sustainable Development Goals [website] (<https://sdgs.un.org/goals/goal3>, accessed 18 July 2023)
- <sup>10</sup> The Thirteenth General Programme of Work, 2019–2023. Geneva: World Health Organization; 2019 (<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023>, accessed 18 July 2023)
- <sup>11</sup> International Health Regulations (2005) – Third edition. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241580496>, accessed 18 July 2023)
- <sup>12</sup> The Healthy Islands story. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/about/how-we-work/pacific-support/healthy-islands>, accessed 18 July 2023)

Annex

- 
- <sup>13</sup> For the future: towards the healthiest and safest Region: a vision for the WHO work with Member States and partners in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2020 (<https://apps.who.int/iris/handle/10665/330703>, accessed 4 July 2023)
- <sup>14</sup> Reducing salt intake in China: nudging consumers towards ordering healthier, low-sodium menu options. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/news-room/feature-stories/item/reducing-salt-intake-in-china--nudging-consumers-towards-ordering-healthier--low-sodium-menu-options>, accessed 18 July 2023)
- <sup>15</sup> Reducing salt intake in China: cooking healthier meals at home. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/news-room/feature-stories/item/reducing-salt-intake-in-china--cooking-healthier-meals-at-home>, accessed 18 July 2023)
- <sup>16</sup> Using behavioural science in communication to improve health in Malaysia. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/news-room/feature-stories/item/using-behavioural-science-in-communication-to-improve-health-in-malaysia>, accessed 18 July 2023)
- <sup>17</sup> Using data to improve communications for COVID-19 in Malaysia. In WHO Western Pacific [Website]. (<https://www.who.int/malaysia/news/feature-stories/detail/using-data-to-improve-communications-for-covid-19-in-malaysia>, accessed 18 July 2023)
- <sup>18</sup> Fiji: Listening leads to more impactful communication and a stronger COVID-19 response. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/news-room/feature-stories/item/fiji--listening-leads-to-more-impactful-communication-and-a-stronger-covid-19-response>, accessed 18 July 2023)
- <sup>19</sup> “It takes a village” to reduce maternal and newborn mortality in Papua New Guinea. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/news-room/feature-stories/item/it-takes-a-village--to-reduce-maternal-and-newborn-mortality-in-papua-new-guinea>, accessed 18 July 2023)
- <sup>20</sup> Using data to improve communications for COVID-19 in Malaysia. (number 17)
- <sup>21</sup> Infodemic. In: WHO [Website]. Geneva: World Health Organization ([https://www.who.int/health-topics/infodemic#tab=tab\\_1](https://www.who.int/health-topics/infodemic#tab=tab_1), accessed 18 July 2023)
- <sup>22</sup> 39,000 protected against COVID-19 ahead of National Games. In WHO Lao People's Democratic Republic [Website]. (<https://www.who.int/laos/news/feature-stories/item/39-000-protected-against-covid-19-ahead-of-national-games>, accessed 18 July 2023)
- <sup>23</sup> For discussion on the experience of the Republic of Korea, see: Paek H-J, Hove H. Communicating uncertainties during the COVID-19 outbreak. *Health Comm.* 2020;35(14):1729–31. doi:10.1080/10410236.2020.1838092. For discussion on risk communication in China, see: Zhang L, Li H, Chen K. Effective risk communication for public health emergency: reflection on the COVID-19 (2019-nCoV) outbreak in Wuhan, China. *Healthcare* (Basel). 2020;8(1):64. doi:10.3390/healthcare8010064.
- <sup>24</sup> Jeffrey D Sachs, Salim S Abdool Karim et al, The Lancet Commission on lessons for the future from the COVID-19 pandemic, 14 September 2022, Vol.400, Issue 10359, pp.1224-1280

- 
- ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01585-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01585-9/fulltext), accessed 18 July 2023)
- <sup>25</sup> Communicating risk in public health emergencies: a WHO guideline for emergency risk communication (ERC) policy and practice. Geneva: World Health Organization; 2017, (<https://www.who.int/emergencies/risk-communications/guidance>, accessed 18 July 2023)
- <sup>26</sup> WHO policy brief: Building trust through risk communication and community engagement. Geneva: World Health Organization; 2022 ([https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy\\_Brief-RCCE-2022.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-RCCE-2022.1), accessed 18 July 2023)
- <sup>27</sup> Hanson-Easey, Scott, et al. Risk communication for new and emerging communities: the contingent role of social capital. *International journal of disaster risk reduction* 28 (2018): 620-628, (<https://www.sciencedirect.com/science/article/abs/pii/S2212420918300517>, accessed 18 July 2023)
- <sup>28</sup> Resolution EB152(23). Behavioural sciences for better health. (number 7)
- <sup>29</sup> Storytelling handbook. Manila: World Health Organization, 2022. (<https://www.who.int/westernpacific/publications-detail/9789290619918>, accessed 18 July 2023)
- <sup>30</sup> People of the Western Pacific. In WHO Western Pacific [Website]. (<https://www.who.int/westernpacific/people>, accessed 18 July 2023)
- <sup>31</sup> Infodemic. (number 21)
- <sup>32</sup> P. Sandman, COMMENTARY: 8 things US pandemic communicators still get wrong. In: University of Minnesota [Website] (<https://www.cidrap.umn.edu/commentary-8-things-us-pandemic-communicators-still-get-wrong>, accessed 18 July 2023)
- <sup>33</sup> Juarbe-Rey D et al, Using Risk Communication Strategies for Zika Virus Prevention and Control Driven by Community-Based Participatory Research. *Int J Environ Res Public Health*. 2018 Nov 9;15(11):2505. doi: 10.3390/ijerph15112505. PMID: 30423904; PMCID: PMC6266788, (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6266788/>, accessed 18 July 2023)
- <sup>34</sup> Storytelling handbook. (number 29)
- <sup>35</sup> Storytelling training chapter 1. In WHO Western Pacific [Website]. Manila: World Health Organization (<https://www.who.int/westernpacific/news-room/multimedia/overview/item/c4h-storytelling-training-chapter-1>, accessed 18 July 2023)